# Full Service Partnership (FSP) Data Collection & Reporting (DCR) Data Dictionary

*Including Data Collection Form Crosswalk*

This document serves as a tool to define the data collected and stored by the DCR for the FSP program. This document describes the relationship between the data collection form questions and the stored outcomes for partners served by the program. The following document was funded by the Mental Health Services Oversight and Accountability Commission.

# Table of Contents

## Contents (click to hyperlink to section)

# Definitions and Abbreviations

| Term | Meaning |
|------|---------|
| 3M | Quarterly Assessment |
| ADL | Assisted of Daily Living |
| Adult | Adults of Ages 26 - 59 |
| Child/Youth | Children of Ages 0 - 15 |
| CSD | Community Services Division |
| CSI | Client Services Information |
| CVI | Complete Variable Index |
| DCR | Data Collection and Reporting |
| DHCS | Department of Health Care Services |
| DMH | California Department of Mental Health |
| FSP | Full Service Partnership |
| FY | Fiscal Year |
| IADL | Instrumental Activities of Daily Living |
| KET | Key Event Tracking |
| MH | Mental Health |
| MHSA | Mental Health Services Act |
| MHBG | Mental Health Services Block Grant |
| MHP | Mental Health Plan |
| MHSIP | Mental Health Statistics Improvement Program |
| Older Adult | Older Adults of Ages 60+ |
| PAF | Partnership Assessment Form |
| Partner | A client of the Full Service Partnership |
| PC | Penal Code |
| SD/MC | Short-Doyle Medi-Cal |
| SED | Seriously Emotionally Disturbed |
| TAY | Transitional Age Youth (Ages 16 – 25) |
| TOC | Table of Contents |
| WIC | California Welfare and Institution Code |
| YSS-F | Youth Services Survey for Families |

# Background

County Mental Health Plans (MHPs) receive state-based funding for mental health services as a result of California Proposition 63 (now known as the Mental Health Services Act or MHSA), passed in November of 2004. MHSA provides increased funding to support California's county mental health programs. The MHSA imposes a one percent income tax on personal income in excess of $1 million to address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system, with the purpose of promoting recovery for individuals with serious mental illness. MHPs develop customized plans for mental health partner service in accordance with numerous requirements, including that it must provide for significant local stakeholder input and involvement.

MHSA also funds a special program called the Full Service Partnership (FSP). FSP programs provide a full spectrum of mental health services to children/youth (ages 0 – 15) and transition age youth (TAY) (ages 16 – 25) who are seriously emotionally disturbed and adults (ages 26 – 59) and older adults (ages 60+) who have a serious mental disorder; all of which are referred to as partners in the program. Additional criteria, described in WIC §5600.3, must also be met. A basic principle of the program is its flexible funding, which assures that MHPs may provide whatever services are necessary to help the individual access needed resources. Services offered by local programs include assessing the individual's needs; providing shelter/housing; establishing identification and legal assistance needs; and providing food, clothing, showers, medical, psychiatric dental care, alcohol/drug treatment, and social rehabilitation.

MHPs report partner information and outcomes of the FSP program directly to the Data Collection and Reporting (DCR) system. Current regulations require MHPs to collect partner outcome FSP data (CCR Title 9 § 3620.10.) and submit it to DMH within 90 days (CCR Title 9 § 3530.30). MHPs submit data for three different types of partner assessments into the DCR through an online interface. The Partnership Assessment Form (PAF) gathers baseline information about the partner, while Key Event Tracking (KET) and Quarterly Assessment (3M) gather follow up information. The questions on the each of the PAF, KET and 3M forms may differ slightly depending on the four age groups (Child/Youth, TAY, Adult and Older Adult). Therefore, there are individual forms for each partner assessment and each age group, resulting in 12 different forms for data collection.

**Quick List of All Data Collection Forms**
1. PAF for Child/Youth
2. PAF for TAY
3. PAF for Adult
4. PAF for Older Adult

5. KET for Child/Youth
6. KET for TAY
7. KET for Adult
8. KET for Older Adult
9. 3M for Child/Youth
10. 3M for TAY
11. 3M for Adult
12. 3M for Older Adult

Information is collected at intake (PAF) about the current status, the status in the 12 months before enrollment, and the status prior to the last 12 months for the partner. Then some information is updated only quarterly via the 3M form, while other changes in status are collected on an ongoing basis via the KET form as certain key events occur. Information is collected in the following domains: Residential Housing, Employment, Education, Financial Support, Health Status, Emergency Intervention, Substance Abuse, Activities of Daily living (older adults only), and Legal Issues, such as criminal justice and other legal designations such as foster care

Questions for each domain are collected at various intervals depending on the nature of the information being collected. Baseline information in relation to all questions are collected at partner intake via the PAF. Questions in which it is important to know the date of the event occurred are collected via the KET forms. All other questions are collected only at intake via the PAF or on intake via the PAF and then quarterly via the 3M. Other than partnership information variables, no information for a particular question is collected via both the KET and 3M. This is important to understand as one method will be used for analyzing data for questions collected via PAF and KET, and a different method will be applied for analyzing data for questions collected via PAF and 3M.

For example, all residential questions are collected at intake on the PAF and then as the residential status changes via the KET. Since it is assumed all of the residential changes will be captured in near-real time on the KET, the quarterly assessments are not used for tracking residential status. The same collection method is applied for all questions in the employment and the emergency intervention domains.

All question for the following domains are only collected at intake on the PAF and updated quarterly via the 3M: Sources of Financial Support, Health Status, Substance Abuse, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) domains.

For the remaining domains, some domain questions are collected on the PAF and KET and other questions are collected on the PAF and 3M: Education, and Legal Issues / Designations.

**Quick Overview of Data Collection Intervals by Domain**

- Domain contains questions collected at PAF and KET only:
    o Residential
    o Employment
    o Emergency Intervention

- Domain contains questions collected at PAF and 3M only:
    o Sources of Financial Support
    o Health Status
    o Substance Abuse
    o ADL
    o IADL

- Domain contains some questions collected on PAF and KET only and other questions collected on PAF and 3M only:
    o Education
    o Legal Issues/Designation

The data collection forms ask specific questions about the partner in relation to a domain. Answers to all of the specific questions within each domain are stored in fields, referred to as variables, in a dataset. Every question on the PAF form stores the answer in a related PAF variable; every question on the KET form stores the answer in a related KET variable, and every question on the 3M form stores the answer in a related 3M variable. A complete crosswalk from form questions to variables numbers and names exists in the CROSSWALK sections of this document. A hyperlink connects each question to its related variable definition where the answers are stored.

When questions are the same between form types (i.e., PAF, KET, and 3M), then the answers may be stored in variables of the same name. However, when data is extracted from the system via the online DCR system, three data files are generated for each form type (PAF, KET, and 3M), and only the variables related to that form type exist in each file. A complete list of variables by form type can be found in the Complete Variable Index (CVI) section of this document. A hyperlink connects each variable to its variable definition for all related forms (PAF, KET, and 3M) where applicable.

Some questions are asked for all age groups, while other questions are specific to a subset of age groups. Therefore, the CVI also lists which variables exist for each age group. A hyperlink also connects each variable to the form where the question first appears for all related age groups (Child/Youth, TAY, Adult or Older Adult).

# Document Organization

This document contains data definitions for all of the variables stored in the DCR. When a MHP retrieves data that is stored in the system, there are three main files based on the three main form types: PAF, KET and 3M data files. Each of these files contains variables which map back to the questions on the three form types.

In order to assist in identifying which variables are associated with which questions on a form, the variables have been given an identifying number in this document. The variables can then be cross walked using the identifying number between form and data file as well as tracked across age groups. Each domain is given its own set of identifying numbers. Therefore, the identifying numbers also help determine the number of variables that exist for a domain. For example, there are 87 Residential variables identified as 5.01 – 5.87.

A section of the forms for each age group annotated with variable identifying number serves as a crosswalk before each main form type section of the document. For example, before the section of definitions of variables collected on the PAF, there is a section which cross walks the Child/Youth PAF, the TAY PAF, the Adult PAF, and the Older Adult PAF form questions to variable identifying numbers. Clicking on any of the form field identifying numbers will jump to the cross-reference of that variable definition in the PAF variable definitions section.

The variables are grouped by domain and displayed in the order that they appear on form, using the adult forms as the default when order changes by age group. Variables which begin with the identifying number 1.xx are internally generated variables and do not appear as a question on the forms. Variables which begin with the identifying number 2.xx are populated from a link to the Client Services Information (CSI) system and also do not appear on the forms.

The CVI provides a quick overview of all of the variables, their identifying numbers, the forms on which they are collected, the age groups for which they are collected, the pages where they are defined, and the number of variables by domain. Clicking on any of the variable page numbers in the CVI will jump to the cross-referenced page in the document for that variable.

For convenience, the document also contains quick links back to the Table of Contents (TOC) and the CVI as blue buttons in the upper right hand corner of each page such that the reader can quickly navigate around the document.

# Complete Variable Index (CVI)

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **INTERNAL VARIABLES** | | | | | | | | |
| 1.01 | GlobalID | 53 | 164 | 210 | | | | |
| 1.02 | AssessmentID | 53 | 164 | 210 | | | | |
| 1.03 | PAFStatus | 53 | | | | | | |
| 1.04 | DatePartnershipStatusChange | 53 | 164 | 210 | | | | |
| 1.05 | PartnerShipStatus | 54 | 164 | 210 | *(Internally generated variables)* | | | |
| 1.06 | CreatedDate | 54 | 165 | 211 | | | | |
| 1.07 | Age_Group | 54 | 165 | 211 | | | | |
| 1.08 | AssessmentType | 55 | 165 | 211 | | | | |
| 1.09 | AssessmentSource | 55 | 166 | 212 | | | | |
| **FROM CSI VARIABLES** | | | | | | | | |
| 2.01 | CSIDateOfBirth | 56 | 167 | 213 | | | | |
| 2.02 | Gender | 56 | 167 | 213 | | | | |
| 2.03 | CSIRace1 | 57 | 168 | 214 | | | | |
| 2.04 | CSIRace2 | 57 | 168 | 214 | *(These variables are populated from Client Services Information (CSI) system linkage via CSINumber variable. These variables are blank when CSINumber is omitted or invalid.)* | | | |
| 2.05 | CSIRace3 | 58 | 169 | 215 | | | | |
| 2.06 | CSIRace4 | 58 | 169 | 215 | | | | |
| 2.07 | CSIRace5 | 59 | 170 | 216 | | | | |
| 2.08 | Ethnicty_A | 59 | 170 | 216 | | | | |
| 2.09 | Ethnicty_B | 60 | 171 | 217 | | | | |
| 2.10 | CSIHispanic | 60 | 171 | 217 | | | | |
| **PARTNERSHIP INFORMATION VARIABLES** | | | | | | | | |
| 3.01 | CountyID | 61 | 172 | 218 | 16 | 24 | 34 | 42 |
| 3.02 | CSINumber | 61 | 172 | 218 | 16 | 24 | 34 | 42 |
| 3.03 | CountyFSPID | 61 | 172 | 218 | 16 | 24 | 34 | 42 |
| 3.04 | Name | 62 | 173 | 219 | 16 | 24 | 34 | 42 |
| 3.05 | PartnershipDate | 62 | 173 | 219 | 16 | 24 | 34 | 42 |
| 3.06 | AssessmentDate | 62 | 173 | 219 | 16 | 24 | 34 | 42 |
| 3.07 | DateOfBirth | 63 | 173 | 219 | 16 | 24 | 34 | 42 |
| 3.08 | ReferredBy | 63 | | | 16 | 24 | 34 | 42 |
| **ADMINISTRATIVE INFORMATION VARIABLES** | | | | | | | | |
| 4.01 | DateProviChange | | 175 | | 139 | 145 | 151 | 158 |
| 4.02 | ProviderSiteID | 64 | 175 | | 16 | 24 | 34 | 42 |
| 4.03 | DateProgmChange | | 175 | | 139 | 145 | 151 | 158 |
| 4.04 | ProgramDesc | 64 | 175 | | 16 | 24 | 34 | 42 |
| 4.05 | DatePSCIDChange | | 176 | | 139 | 145 | 151 | 158 |
| 4.06 | CoordinatorID | 64 | 176 | | 16 | 24 | 34 | 42 |
| 4.07 | AB2034ChangeDate | | 176 | | | 146 | 152 | 158 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **ADMINISTRATIVE INFORMATION VARIABLES (Cont.)** | | | | | | | | |
| 4.08 | AB2034 | 64 | | | | 24 | 34 | 42 |
| 4.09 | GHIChangeDate | | 176 | | | 146 | 152 | 158 |
| 4.10 | GHI | 65 | | | | 24 | 34 | 42 |
| 4.11 | MHSAChangeDate | | 177 | | | 146 | 152 | 158 |
| 4.12 | MHSA | 65 | | | | 24 | 34 | 42 |
| 4.13 | DateKETStatusChange | | 177 | | 139 | 145 | 152 | 158 |
| 4.14 | KETStatus | | 177 | | 139 | 145 | 152 | 158 |
| 4.15 | DiscontReason | | 178 | | 139 | 145 | 152 | 158 |
| 4.16 | AB2034 | | 178 | | | 146 | 152 | 158 |
| 4.17 | GHI | | 179 | | | 146 | 152 | 158 |
| 4.18 | MHSA | | 179 | | | 146 | 152 | 158 |
| **RESIDENTIAL VARIABLES** | | | | | | | | |
| 5.01 | DateResidentialChange | | 180 | | 140 | 147 | 153 | 159 |
| 5.02 | Current | 66 | 180 | | 17 | 25 | 35 | 43 |
| 5.03 | Yesterday | 67 | | | 17 | 25 | 35 | 43 |
| 5.04 | ApartmentAlone_PastTwelveOccurences | 68 | | | 17 | 25 | 35 | 43 |
| 5.05 | ApartmentAlone_PastTwelveDays | 68 | | | 17 | 25 | 35 | 43 |
| 5.06 | ApartmentAlone_PriorTwelve | 68 | | | 17 | 25 | 35 | 43 |
| 5.07 | WithParents_PastTwelveOccurences | 69 | | | 17 | 25 | 35 | 43 |
| 5.08 | WithParents_PastTwelveDays | 69 | | | 17 | 25 | 35 | 43 |
| 5.09 | WithParents_PriorTwelve | 69 | | | 17 | 25 | 35 | 43 |
| 5.10 | WithOtherFamily_PastTwelveOccurences | 70 | | | 17 | 25 | 35 | 43 |
| 5.11 | WithOtherFamily_PastTwelveDays | 70 | | | 17 | 25 | 35 | 43 |
| 5.12 | WithOtherFamily_PriorTwelve | 70 | | | 17 | 25 | 35 | 43 |
| 5.13 | SingleRoomOccupancy_PastTwelveOccurences | 71 | | | | 25 | 35 | 43 |
| 5.14 | SingleRoomOccupancy_PastTwelveDays | 71 | | | | 25 | 35 | 43 |
| 5.15 | SingleRoomOccupancy_PriorTwelve | 71 | | | | 25 | 35 | 43 |
| 5.16 | FosterHomeRelative_PastTwelveOccurences | 71 | | | 17 | 25 | | |
| 5.17 | FosterHomeRelative_PastTwelveDays | 72 | | | 17 | 25 | | |
| 5.18 | FosterHomeRelative_PriorTwelve | 72 | | | 17 | 25 | | |
| 5.19 | FosterHomeNon-relative_PastTwelveOccurences | 72 | | | 17 | 25 | | |
| 5.20 | FosterHomeNon-relative_PastTwelveDays | 72 | | | 17 | 25 | | |
| 5.21 | FosterHomeNon-relative_PriorTwelve | 73 | | | 17 | 25 | | |
| 5.22 | EmergencyShelter_PastTwelveOccurences | 73 | | | 17 | 25 | 35 | 43 |
| 5.23 | EmergencyShelter_PastTwelveDays | 73 | | | 17 | 25 | 35 | 43 |
| 5.24 | EmergencyShelter_PriorTwelve | 74 | | | 17 | 25 | 35 | 43 |
| 5.25 | Homeless_PastTwelveOccurences | 74 | | | 17 | 25 | 35 | 43 |
| 5.26 | Homeless_PastTwelveDays | 74 | | | 17 | 25 | 35 | 43 |
| 5.27 | Homeless_PriorTwelve | 75 | | | 17 | 25 | 35 | 43 |
| 5.28 | IndividualPlacement_PastTwelveOccurences | 75 | | | | 25 | 35 | 43 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **RESIDENTIAL VARIABLES (Cont.)** | | | | | | | | |
| 5.29 | IndividualPlacement_PastTwelveDays | **75** | | | | **25** | **35** | **43** |
| 5.30 | IndividualPlacement_PriorTwelve | **76** | | | | **25** | **35** | **43** |
| 5.31 | AssistedLiving_PastTwelveOccurences | **76** | | | | | **35** | **43** |
| 5.32 | AssistedLiving_PastTwelveDays | **76** | | | | | **35** | **43** |
| 5.33 | AssistedLiving_PriorTwelve | **76** | | | | | **35** | **43** |
| 5.34 | CongregatePlacement_PastTwelveOccurences | **77** | | | | **25** | **35** | **43** |
| 5.35 | CongregatePlacement_PastTwelveDays | **77** | | | | **25** | **35** | **43** |
| 5.36 | CongregatePlacement_PriorTwelve | **77** | | | | **25** | **35** | **43** |
| 5.37 | CommunityCare_PastTwelveOccurences | **78** | | | | **25** | **35** | **43** |
| 5.38 | CommunityCare_PastTwelveDays | **78** | | | | **25** | **35** | **43** |
| 5.39 | CommunityCare_PriorTwelve | **78** | | | | **25** | **35** | **43** |
| 5.40 | MedicalHospital_PastTwelveOccurences | **78** | | | **17** | **25** | **35** | **43** |
| 5.41 | MedicalHospital_PastTwelveDays | **79** | | | **17** | **25** | **35** | **43** |
| 5.42 | MedicalHospital_PriorTwelve | **79** | | | **17** | **25** | **35** | **43** |
| 5.43 | PsychiatricHospital_PastTwelveOccurences | **79** | | | **17** | **25** | **35** | **43** |
| 5.44 | PsychiatricHospital_PastTwelveDays | **80** | | | **17** | **25** | **35** | **43** |
| 5.45 | PsychiatricHospital_PriorTwelve | **80** | | | **17** | **25** | **35** | **43** |
| 5.46 | StatePsychiatric_PastTwelveOccurences | **80** | | | **17** | **25** | **35** | **43** |
| 5.47 | StatePsychiatric_PastTwelveDays | **80** | | | **17** | **25** | **35** | **43** |
| 5.48 | StatePsychiatric_PriorTwelve | **81** | | | **17** | **25** | **35** | **43** |
| 5.49 | GroupHome0-11_PastTwelveOccurences | **81** | | | **17** | **26** | | |
| 5.50 | GroupHome0-11_PastTwelveDays | **81** | | | **17** | **26** | | |
| 5.51 | GroupHome0-11_PriorTwelve | **81** | | | **17** | **26** | | |
| 5.52 | GroupHome12-14_PastTwelveOccurences | **82** | | | **17** | **26** | | |
| 5.53 | GroupHome12-14_PastTwelveDays | **82** | | | **17** | **26** | | |
| 5.54 | GroupHome12-14_PriorTwelve | **82** | | | **17** | **26** | | |
| 5.55 | CommunityTreatment_PastTwelveOccurences | **82** | | | **17** | **26** | | |
| 5.56 | CommunityTreatment_PastTwelveDays | **83** | | | **17** | **26** | | |
| 5.57 | CommunityTreatment_PriorTwelve | **83** | | | **17** | **26** | | |
| 5.58 | ResidentialTreatment_PastTwelveOccurences | **83** | | | **17** | **26** | **35** | **43** |
| 5.59 | ResidentialTreatment_PastTwelveDays | **83** | | | **17** | **26** | **35** | **43** |
| 5.60 | ResidentialTreatment_PriorTwelve | **84** | | | **17** | **26** | **35** | **43** |
| 5.61 | NursingPsychiatric_PastTwelveOccurences | **84** | | | | **26** | **35** | **43** |
| 5.62 | NursingPsychiatric_PastTwelveDays | **84** | | | | **26** | **35** | **43** |
| 5.63 | NursingPsychiatric_PriorTwelve | **85** | | | | **26** | **35** | **43** |
| 5.64 | NursingPhysical_PastTwelveOccurences | **85** | | | | **26** | **35** | **43** |
| 5.65 | NursingPhysical_PastTwelveDays | **85** | | | | **26** | **35** | **43** |
| 5.66 | NursingPhysical_PriorTwelve | **85** | | | | **26** | **35** | **43** |
| 5.67 | Long-TermCare_PastTwelveOccurences | **86** | | | | **26** | **35** | **43** |
| 5.68 | Long-TermCare_PastTwelveDays | **86** | | | | **26** | **35** | **43** |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **RESIDENTIAL VARIABLES (Cont.)** | | | | | | | | |
| 5.69 | Long-TermCare_PriorTwelve | 86 | | | | 26 | 35 | 43 |
| 5.70 | JuvenileHall/Camp_PastTwelveOccurences | 87 | | | 17 | 26 | | |
| 5.71 | JuvenileHall/Camp_PastTwelveDays | 87 | | | 17 | 26 | | |
| 5.72 | JuvenileHall/Camp_PriorTwelve | 87 | | | 17 | 26 | | |
| 5.73 | DJJ_PastTwelveOccurences | 87 | | | 17 | 26 | | |
| 5.74 | DJJ_PastTwelveDays | 88 | | | 17 | 26 | | |
| 5.75 | DJJ_PriorTwelve | 88 | | | 17 | 26 | | |
| 5.76 | Jail_PastTwelveOccurences | 88 | | | | 26 | 36 | 43 |
| 5.77 | Jail_PastTwelveDays | 88 | | | | 26 | 36 | 43 |
| 5.78 | Jail_PriorTwelve | 89 | | | | 26 | 36 | 43 |
| 5.79 | Prison_PastTwelveOccurences | 89 | | | | 26 | 36 | 43 |
| 5.80 | Prison_PastTwelveDays | 89 | | | | 26 | 36 | 43 |
| 5.81 | Prison_PriorTwelve | 89 | | | | 26 | 36 | 43 |
| 5.82 | OtherSetting_PastTwelveOccurences | 90 | | | 17 | 26 | 36 | 44 |
| 5.83 | OtherSetting_PastTwelveDays | 90 | | | 17 | 26 | 36 | 44 |
| 5.84 | OtherSetting_PriorTwelve | 90 | | | 17 | 26 | 36 | 44 |
| 5.85 | UnknownSetting_PastTwelveOccurences | 91 | | | 17 | 26 | 36 | 44 |
| 5.86 | UnknownSetting_PastTwelveDays | 91 | | | 17 | 26 | 36 | 44 |
| 5.87 | UnknownSetting_PriorTwelve | 91 | | | 17 | 26 | 36 | 44 |
| **EDUCATION VARIABLES** | | | | | | | | |
| 6.01 | DateGradeComplete | | 181 | | 141 | 148 | 154 | 160 |
| 6.02 | HighestGrade | 92 | 181 | | 18 | 27 | 36 | 44 |
| 6.03 | EmotionalDisturbance | 92 | | 221 | 18 | 27 | | |
| 6.04 | AnotherReason | 92 | | 221 | 18 | 27 | | |
| 6.05 | AttendancePast12 | 93 | | | 18 | 28 | | |
| 6.06 | AttendanceCurr | 93 | | 221 | 18 | 28 | | |
| 6.07 | GradesCurr | 93 | | 221 | 18 | 28 | | |
| 6.08 | GradesPast12 | 94 | | | 18 | 28 | | |
| 6.09 | SuspensionPast12 | 94 | | | 18 | 28 | | |
| 6.10 | DateSuspension | | 181 | | 141 | 148 | | |
| 6.11 | ExpulsionPast12 | 94 | | | 18 | 28 | | |
| 6.12 | DateExpulsion | | 182 | | 141 | 148 | | |
| 6.13 | DateSettingChange | | 182 | | | 148 | 154 | 160 |
| 6.14 | NotinschoolPast12 | 94 | | | | 28 | 36 | 44 |
| 6.15 | NotinschoolCurr | 95 | 182 | | | 28 | 36 | 44 |
| 6.16 | HighSchoolPast12 | 95 | | | | 28 | 36 | 44 |
| 6.17 | HighSchoolCurr | 95 | 182 | | | 28 | 36 | 44 |
| 6.18 | TechnicalPast12 | 95 | | | | 28 | 36 | 44 |
| 6.19 | TechnicalCurr | 96 | 183 | | | 28 | 36 | 44 |
| 6.20 | CommunityCollegePast12 | 96 | | | | 28 | 36 | 44 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **EDUCATION VARIABLES (Cont.)** | | | | | | | | |
| 6.21 | CommunityCollegeCurr | 96 | 183 | | | 28 | 36 | 44 |
| 6.22 | GraduatePast12 | 97 | | | | 28 | 36 | 44 |
| 6.23 | GraduateCurr | 97 | 183 | | | 28 | 36 | 44 |
| 6.24 | OtherEducationPast12 | 97 | | | | 28 | 36 | 44 |
| 6.25 | OtherEducationCurr | 97 | 183 | | | 28 | 36 | 44 |
| 6.26 | CompletePgm | | 184 | | | 148 | 154 | 160 |
| 6.27 | EdRecoveryGoals | 98 | 184 | | | 28 | 36 | 44 |
| **EMPLOYMENT VARIABLES** | | | | | | | | |
| 7.01 | Past12_Competitive | 99 | | | 19 | 29 | 37 | 45 |
| 7.02 | Past12_CompetitiveAvgHrWeek | 99 | | | 19 | 29 | 37 | 45 |
| 7.03 | Past12_CompetitiveAvgHrWage | 99 | | | 19 | 29 | 37 | 45 |
| 7.04 | Past12_Supported | 100 | | | 19 | 29 | 37 | 45 |
| 7.05 | Past12_SupportedAvgHrWeek | 100 | | | 19 | 29 | 37 | 45 |
| 7.06 | Past12_SupportedAvgHrWage | 100 | | | 19 | 29 | 37 | 45 |
| 7.07 | Past12_Transitional | 101 | | | 19 | 29 | 37 | 45 |
| 7.08 | Past12_TransitionalAvgHrWeek | 101 | | | 19 | 29 | 37 | 45 |
| 7.09 | Past12_TransitionalAvgHrWage | 101 | | | 19 | 29 | 37 | 45 |
| 7.10 | Past12_In-House | 102 | | | 19 | 29 | 37 | 45 |
| 7.11 | Past12_In-HouseAvgHrWeek | 102 | | | 19 | 29 | 37 | 45 |
| 7.12 | Past12_In-HouseAvgHrWage | 102 | | | 19 | 29 | 37 | 45 |
| 7.13 | Past12_Non-paid | 103 | | | 19 | 29 | 37 | 45 |
| 7.14 | Past12_Non-paidAvgHrWeek | 103 | | | 19 | 29 | 37 | 45 |
| 7.15 | Past12_OtherEmployment | 103 | | | 19 | 29 | 37 | 45 |
| 7.16 | Past12_OtherEmploymentAvgHrWeek | 104 | | | 19 | 29 | 37 | 45 |
| 7.17 | Past12_OtherEmploymentAvgHrWage | 104 | | | 19 | 29 | 37 | 45 |
| 7.18 | Past12_Unemployed | 104 | | | 19 | 29 | 37 | 45 |
| 7.19 | DateEmpChange | | 185 | | 142 | 149 | 155 | 161 |
| 7.20 | Current_CompetitiveAvgHrWeek | 105 | 185 | | 20 | 30 | 38 | 46 |
| 7.21 | Current_CompetitiveAvgHrWage | 105 | 185 | | 20 | 30 | 38 | 46 |
| 7.22 | Current_SupportedAvgHrWeek | 105 | 186 | | 20 | 30 | 38 | 46 |
| 7.23 | Current_SupportedAvgHrWage | 106 | 186 | | 20 | 30 | 38 | 46 |
| 7.24 | Current_TransitionalAvgHrWeek | 106 | 186 | | 20 | 30 | 38 | 46 |
| 7.25 | Current_TransitionalAvgHrWage | 106 | 187 | | 20 | 30 | 38 | 46 |
| 7.26 | Current_In-HouseAvgHrWeek | 107 | 187 | | 20 | 30 | 38 | 46 |
| 7.27 | Current_In-HouseAvgHrWage | 107 | 187 | | 20 | 30 | 38 | 46 |
| 7.28 | Current_Non-paidAvgHrWeek | 107 | 188 | | 20 | 30 | 38 | 46 |
| 7.29 | Current_OtherEmploymentAvgHrWeek | 108 | 188 | | 20 | 30 | 38 | 46 |
| 7.30 | Current_OtherEmploymentAvgHrWage | 108 | 188 | | 20 | 30 | 38 | 46 |
| 7.31 | Current_Unemployed | 108 | 189 | | 20 | 30 | 38 | 46 |
| 7.32 | EmpRecoveryGoals | 108 | 189 | | 20 | 30 | 38 | 46 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **FINANCIAL VARIABLES** | | | | | | | | |
| 8.01 | Caregivers_Past12 | 109 | | | 21 | 31 | | |
| 8.02 | Caregivers_Curr | 109 | | 222 | 21 | 31 | | |
| 8.03 | Wages_Past12 | 109 | | | 21 | 31 | 39 | 47 |
| 8.04 | Wages_Curr | 109 | | 222 | 21 | 31 | 39 | 47 |
| 8.05 | Spouse_Past12 | 110 | | | 21 | 31 | 39 | 47 |
| 8.06 | Spouse_Curr | 110 | | 222 | 21 | 31 | 39 | 47 |
| 8.07 | Savings_Past12 | 110 | | | 21 | 31 | 39 | 47 |
| 8.08 | Savings_Curr | 110 | | 222 | 21 | 31 | 39 | 47 |
| 8.09 | ChildSupport_Past12 | 111 | | | 21 | 31 | | |
| 8.10 | ChildSupport_Curr | 111 | | 223 | 21 | 31 | | |
| 8.11 | OtherFamily_Past12 | 111 | | | 21 | 31 | 39 | 47 |
| 8.12 | OtherFamily_Curr | 111 | | 223 | 21 | 31 | 39 | 47 |
| 8.13 | Retirement_Past12 | 112 | | | 21 | 31 | 39 | 47 |
| 8.14 | Retirement_Curr | 112 | | 223 | 21 | 31 | 39 | 47 |
| 8.15 | Veterans_Past12 | 112 | | | 21 | 31 | 39 | 47 |
| 8.16 | Veterans_Curr | 112 | | 223 | 21 | 31 | 39 | 47 |
| 8.17 | Loan_Past12 | 113 | | | 21 | 31 | 39 | 47 |
| 8.18 | Loan_Curr | 113 | | 224 | 21 | 31 | 39 | 47 |
| 8.19 | Housing_Past12 | 113 | | | 21 | 31 | 39 | 47 |
| 8.20 | Housing_Curr | 114 | | 224 | 21 | 31 | 39 | 47 |
| 8.21 | General_Past12 | 114 | | | 21 | 31 | 39 | 47 |
| 8.22 | General_Curr | 114 | | 224 | 21 | 31 | 39 | 47 |
| 8.23 | FoodStamps_Past12 | 114 | | | 21 | 31 | 39 | 47 |
| 8.24 | FoodStamps_Curr | 115 | | 224 | 21 | 31 | 39 | 47 |
| 8.25 | TANF_Past12 | 115 | | | 21 | 31 | 39 | 47 |
| 8.26 | TANF_Curr | 115 | | 225 | 21 | 31 | 39 | 47 |
| 8.27 | SSI_Past12 | 116 | | | 21 | 31 | 39 | 47 |
| 8.28 | SSI_Curr | 116 | | 225 | 21 | 31 | 39 | 47 |
| 8.29 | SSDI_Past12 | 116 | | | 21 | 31 | 39 | 47 |
| 8.30 | SSDI_Curr | 116 | | 225 | 21 | 31 | 39 | 47 |
| 8.31 | SDI_Past12 | 117 | | | 21 | 31 | 39 | 47 |
| 8.32 | SDI_Curr | 117 | | 226 | 21 | 31 | 39 | 47 |
| 8.33 | TribalBenefits_Past12 | 117 | | | 21 | 31 | 39 | 47 |
| 8.34 | TribalBenefits_Curr | 118 | | 226 | 21 | 31 | 39 | 47 |
| 8.35 | OtherSupport_Past12 | 118 | | | 21 | 31 | 39 | 47 |
| 8.36 | OtherSupport_Curr | 118 | | 226 | 21 | 31 | 39 | 47 |
| 8.37 | NoSupport_Past12 | 118 | | | 21 | 31 | 39 | 47 |
| 8.38 | NoSupport_Curr | 119 | | 226 | 21 | 31 | 39 | 47 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **LEGAL ISSUES / DESIGNATIONS VARIABLES** | | | | | | | | |
| 9.01 | DateArrested | | 190 | | 143 | 150 | 156 | 162 |
| 9.02 | ArrestPast12 | 120 | | | 22 | 32 | 40 | 48 |
| 9.03 | ArrestPrior12 | 120 | | | 22 | 32 | 40 | 48 |
| 9.04 | DateProbation | | 190 | | 143 | 150 | 156 | 162 |
| 9.05 | ProbationStatus | 120 | | | 22 | 32 | 40 | 48 |
| 9.06 | ProbationStatus | | 190 | | 143 | 150 | 156 | 162 |
| 9.07 | ProbPast12 | 120 | | | 22 | 32 | 40 | 48 |
| 9.08 | ProbPrior12 | 121 | | | 22 | 32 | 40 | 48 |
| 9.09 | ParoleStatus | 121 | | | 22 | 32 | | |
| 9.10 | DateParole | | 190 | | 143 | 150 | | |
| 9.11 | ParoleStatus | | 191 | | 143 | 150 | | |
| 9.12 | ParolePast12 | 121 | | | 22 | 32 | 40 | 48 |
| 9.13 | ParolePrior12 | 121 | | | 22 | 32 | 40 | 48 |
| 9.14 | ConservaStatus | 122 | | | 22 | 32 | 40 | 48 |
| 9.15 | DateConserva | | 191 | | 143 | 150 | 156 | 162 |
| 9.16 | ConservaStatus | | 191 | | 143 | 150 | 156 | 162 |
| 9.17 | ConservPast12 | 122 | | | 22 | 32 | 40 | 48 |
| 9.18 | ConservPrior12 | 122 | | | 22 | 32 | 40 | 48 |
| 9.19 | PayeeStatus | 122 | | | 22 | 32 | 40 | 48 |
| 9.20 | DatePayee | | 191 | | 143 | 150 | 156 | 162 |
| 9.21 | PayeeStatus | | 192 | | 143 | 150 | 156 | 162 |
| 9.22 | PayeePast12 | 123 | | | 22 | 32 | 40 | 48 |
| 9.23 | PayeePrior12 | 123 | | | 22 | 32 | 40 | 48 |
| 9.24 | DateDepen | | 192 | | 143 | 150 | | |
| 9.25 | WICodeStatus | 123 | | | 22 | 32 | | |
| 9.26 | WICodeStatus | | 192 | | 143 | 150 | | |
| 9.27 | DepenPast12 | 123 | | | 22 | 32 | | |
| 9.28 | DepenPrior12 | 124 | | | 22 | 32 | | |
| 9.29 | DepenYear | 124 | | | 22 | 32 | | |
| 9.30 | Dependent | 124 | | 227 | 22 | 32 | 40 | 48 |
| 9.31 | Foster | 124 | | 227 | 22 | 32 | 40 | 48 |
| 9.32 | Reunified | 125 | | 227 | 22 | 32 | 40 | 48 |
| 9.33 | Adopted | 125 | | 227 | 22 | 32 | 40 | 48 |
| **EMERGENCY INTERVENTION VARIABLES** | | | | | | | | |
| 10.01 | PhyRelated | 126 | | | 23 | 33 | 41 | 49 |
| 10.02 | MenRelated | 126 | | | 23 | 33 | 41 | 49 |
| 10.03 | DateEmergencyChange | | 193 | | 143 | 150 | 156 | 162 |
| 10.04 | EmergencyType | | 193 | | 143 | 150 | 156 | 162 |

| VARIABLES | | Used for: | | | On form for: | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Variable Name | PAF | KET | 3M | CHILD | TAY | ADULT | OLDER ADULT |
| | | Click to hyperlink to page with variable definition | | | Click to hyperlink to place on forms where variable first appears | | | |
| **HEALTH STATUS VARIABLES** | | | | | | | | |
| 11.01 | PhysicianCurr | **127** | | **228** | **23** | **33** | **41** | **49** |
| 11.02 | PhysicianPast12 | **127** | | | **23** | **33** | **41** | **49** |
| **SUBSTANCE ABUSE VARIABLES** | | | | | | | | |
| 12.01 | MentalIllness | **128** | | | **23** | **33** | **41** | **49** |
| 12.02 | ActiveProblem | **128** | | **229** | **23** | **33** | **41** | **49** |
| 12.03 | AbuseServices | **128** | | **229** | **23** | **33** | **41** | **49** |
| **ADL VARIABLES** | | | | | | | | |
| 13.01 | Bathing | **129** | | **230** | | | | **50** |
| 13.02 | Dressing | **129** | | **230** | | | | **50** |
| 13.03 | Toileting | **129** | | **230** | | | | **50** |
| 13.04 | Transfer | **130** | | **231** | | | | **50** |
| 13.05 | Continence | **130** | | **231** | | | | **50** |
| 13.06 | Feeding | **130** | | **231** | | | | **50** |
| 13.07 | Walking | **130** | | **231** | | | | **50** |
| 13.08 | HouseConfinement | **131** | | **232** | | | | **51** |
| **IADL VARIABLES** | | | | | | | | |
| 14.01 | Telephone | **132** | | **233** | | | | **51** |
| 14.02 | WalkingDistance | **132** | | **233** | | | | **51** |
| 14.03 | Groceries | **132** | | **233** | | | | **51** |
| 14.04 | Meals | **132** | | **233** | | | | **51** |
| 14.05 | Housework | **133** | | **234** | | | | **51** |
| 14.06 | Handyman | **133** | | **234** | | | | **51** |
| 14.07 | Laundry | **133** | | **234** | | | | **51** |
| 14.08 | Medication | **134** | | **235** | | | | **51** |
| 14.09 | Money | **134** | | **235** | | | | **51** |
| **COUNTY USE VARIABLES** | | | | | | | | |
| 15.01 | DateKETCntyUse1 | | **194** | | **143** | **150** | **156** | **162** |
| 15.02 | KETCntyUse1 | **135** | **194** | | **23** | **33** | **41** | **51** |
| 15.03 | DateKETCntyUse2 | | **194** | | **143** | **150** | **156** | **162** |
| 15.04 | KETCntyUse2 | **135** | **194** | | **23** | **33** | **41** | **51** |
| 15.05 | DateKETCntyUse3 | | **195** | | **143** | **150** | **156** | **162** |
| 15.06 | KETCntyUse3 | **135** | **195** | | **23** | **33** | **41** | **51** |
| 15.07 | QtrlyCntyUse1 | **135** | | **236** | **23** | **33** | **41** | **51** |
| 15.08 | QtrlyCntyUse2 | **136** | | **236** | **23** | **33** | **41** | **51** |
| 15.09 | QtrlyCntyUse3 | **136** | | **236** | **23** | **33** | **41** | **51** |

# CROSSWALK from PAF Forms to Variable Identifying Numbers

## Child/Youth PAF Crosswalk

**FULL SERVICE PARTNERSHIP**
Child / Youth Partnership Assessment Form
FOR AGES 0-15 YEARS

| CHILD PAF |
|-----------|
| 5/1/07 |

<u>PARTNERSHIP INFORMATION</u>

| | | |
|---|---|---|
| County | 3.01 - p.61 | * |
| CSI County Client Number (CCN) | 3.02 - p.61 | |
| County Partner ID (optional) | 3.03 - p.61 | |
| Partner's First Name | 3.04 - p.62 | * |
| Partner's Last Name | 3.04 - p.61 | * |
| Partnership Date (mm/dd/yyyy) | 3.05 - p.62 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.63 | * |

**3.06 - p.62**
AssessmentDate automatically generated at time form is filled out.

Who referred the partner? (mark one)   **3.08 - p.63**

- ○ Self
- ○ Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent)
- ○ Significant Other (e.g., boyfriend / girlfriend, spouse)
- ○ Friend / Neighbor (i.e., unrelated other)
- ○ School
- ○ Primary Care / Medical Office

- ○ Emergency Room
- ○ Mental Health Facility / Community Agency
- ○ Social Services Agency
- ○ Substance Abuse Treatment Facility / Agency
- ○ Faith-based Organization
- ○ Other County / Community Agency

- ○ Homeless Shelter
- ○ Street Outreach
- ○ Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
- ○ Acute Psychiatric / State Hospital
- ○ Other

<u>ADMINISTRATIVE INFORMATION</u>

**PARTNERSHIP STATUS**

| | | |
|---|---|---|
| Provider Number / NPI (Optional) | 4.02 - p.64 | |
| Full Service Partnership Program ID | 4.04 - p.64 | * |
| Partnership Service Coordinator ID | 4.06 - p.64 | * |

**RESIDENTIAL INFORMATION** - includes hospitalization and incarceration

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| **GENERAL LIVING ARRANGEMENT** | 5.02 - p.66 | 5.03 - p.67 | | | |
| With one or both biological / adoptive parents | | | 5.07-p.69 | 5.08-p.69 | 5.09-p.69 |
| With adult family member(s) other than parents – non-foster care | | | 5.10-p.70 | 5.11-p.70 | 5.12-p.70 |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | | | 5.04-p.68 | 5.05-p.68 | 5.06-p. 68 |
| Foster Home (with relative) | | | 5.16-p.71 | 5.17-p.72 | 5.18-p.72 |
| Foster Home (with non-relative) | | | 5.19-p.72 | 5.20-p.72 | 5.21-p. 73 |
| **SHELTER / HOMELESS** | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | | | 5.22-p.73 | 5.23-p.73 | 5.24-p. 74 |
| Homeless (includes people living in their cars) | | | 5.25-p. 74 | 5.26-p.74 | 5.27-p.75 |
| **HOSPITAL** | | | | | |
| Acute Medical Hospital | | | 5.40-p.78 | 5.41-p.79 | 5.42-p. 79 |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | | | 5.43-p.79 | 5.44-p.80 | 5.45-p. 80 |
| State Psychiatric Hospital | | | 5.46-p.80 | 5.47-p.80 | 5.48-p.81 |
| **RESIDENTIAL PROGRAM** | | | | | |
| Group Home (Level 0-11) | | | 5.49-p.81 | 5.50-p.81 | 5.51-p.81 |
| Group Home (Level 12-14) | | | 5.52-p.82 | 5.53-p.82 | 5.54-p.82 |
| Community Treatment Facility | | | 5.55-p.82 | 5.56-p.83 | 5.57-p.83 |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | | | 5.58-p.83 | 5.59-p.83 | 5.60-p.84 |
| **JUSTICE PLACEMENT** | | | | | |
| Juvenile Hall / Camp / Ranch | | | 5.70-p.87 | 5.71-p.87 | 5.72-p.87 |
| Division of Juvenile Justice | | | 5.73-p.87 | 5.74-p.88 | 5.75-p.88 |
| **OTHER** | | | | | |
| Other | | | 5.82-p.90 | 5.83-p.90 | 5.84-p.90 |
| Unknown | | | 5.85-p.91 | 5.86-p.91 | 5.87-p.91 |

## EDUCATION

Highest level of education completed:   **6.02 - p.92**

- ○ Day Care
- ○ 5th Grade
- ○ 12th Grade
- ○ Pre-School
- ○ 6th Grade
- ○ GED Coursework
- ○ Kindergarten
- ○ 7th Grade
- ○ High School Diploma / GED
- ○ 1st Grade
- ○ 8th Grade
- ○ Some College / Some Technical or Vocational Training
- ○ 2nd Grade
- ○ 9th Grade
- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ 3rd Grade
- ○ 10th Grade
- ○ Level Unknown (e.g., child / youth in non-public school)
- ○ 4th Grade
- ○ 11th Grade

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?      ○ Yes  ○ No   **6.03 - p.92**

Is the partner CURRENTLY receiving special education due to another reason?      ○ Yes  ○ No   **6.04 - p.92**

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS:

- ○ Always attends school (never truant)   **6.05 - p.93**
- ○ Attends school most of the time
- ○ Sometimes attends school
- ○ Infrequently attends school
- ○ Never attends school

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:

- ○ Always attends school (never truant)   **6.06 - p.93**
- ○ Attends school most of the time
- ○ Sometimes attends school
- ○ Infrequently attends school
- ○ Never attends school

CURRENTLY, his/her grades are:   **6.07 - p.93**

- ○ Very Good
- ○ Good
- ○ Average
- ○ Below Average
- ○ Poor

DURING THE PAST 12 MONTHS, his/her grades were:   **6.08 - p.94**

- ○ Very Good
- ○ Good
- ○ Average
- ○ Below Average
- ○ Poor

DURING THE PAST 12 MONTHS, how many times has s/he been suspended?   **6.09 - p.94**

DURING THE PAST 12 MONTHS, how many times has s/he been expelled?   **6.11 - p.94**

EMPLOYMENT

**EMPLOYMENT DURING THE PAST 12 MONTHS**

| Indicate the partner's employment status... | # OF WEEKS | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:**<br>Paid employment in the community in a position that is also open to individuals without a disability. | 7.01-p.99 | 7.02-p.99 | 7.03-p.99 |
| **Supported Employment:**<br>Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.04-p.100 | 7.05-p.100 | 7.06-p.100 |
| **Transitional Employment / Enclave:**<br>Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.07-p.101 | 7.08-p.101 | 7.09-p.101 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**<br>Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.10-p.102 | 7.11-p.102 | 7.12-p.102 |
| **Non-paid (Volunteer) Work Experience:**<br>Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.13-p.103 | 7.14-p.103 | |
| **Other Gainful / Employment Activity:**<br>Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.15-p.103 | 7.16-p.104 | 7.17-p.104 |
| Unemployed | 7.18-p.104 | | |

**CURRENT EMPLOYMENT**

Indicate the partner's employment status...

| | | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | | 7.20 - p.105 | 7.21 - p.105 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | | 7.22 - p.105 | 7.23 - p.106 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | | 7.24 - p.106 | 7.25 - p.106 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | | 7.26 - p.107 | 7.27 - p.107 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | | 7.28 - p.107 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | | 7.29 - p.108 | 7.30 - p.108 |
| The partner is not employed at this time. | ☐ | 7.31 - p.108 | |
| Does one of the partner's current recovery goals include any kind of employment at this time? | ○ Yes ○ No | 7.32 - p.108 | |

SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | DURING THE PAST 12 MONTHS (mark all that apply) | CURRENTLY (mark all that apply) |
|---|---|---|
| Caregiver's Wages | 8.01 - p.109 | 8.02 - p.109 |
| Partner's Wages | 8.03 - p.109 | 8.04 - p.109 |
| Partner's Spouse / Significant Other's Wages | 8.05 - p.110 | 8.06 - p.110 |
| Savings | 8.07 - p.110 | 8.08 - p.110 |
| Child Support | 8.09 - p.111 | 8.10 - p.111 |
| Other Family Member / Friend | 8.11 - p.111 | 8.12 - p.111 |
| Retirement / Social Security Income | 8.13 - p.112 | 8.14 - p.112 |
| Veteran's Assistance Benefits | 8.15 - p.112 | 8.16 - p.112 |
| Loan / Credit | 8.17 - p.113 | 8.18 - p.113 |
| Housing Subsidy | 8.19 - p.113 | 8.20 - p.114 |
| General Relief / General Assistance | 8.21 - p.114 | 8.22 - p.114 |
| Food Stamps | 8.23 - p.114 | 8.24 - p.115 |
| Temporary Assistance for Needy Families (TANF) | 8.25 - p.115 | 8.26 - p.115 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.27 - p.116 | 8.28 - p.116 |
| Social Security Disability Insurance (SSDI) | 8.29 - p.116 | 8.30 - p.116 |
| State Disability Insurance (SDI) | 8.31 - p.117 | 8.32 - p.117 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.33 - p.117 | 8.34 - p.118 |
| Other | 8.35 - p.118 | 8.36 - p.118 |
| No Financial Support | 8.37 - p.118 | 8.38 - p.119 |

## LEGAL ISSUES / DESIGNATIONS

**JUSTICE SYSTEM INVOLVEMENT**
**ARREST INFORMATION**

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:   9.02 - p.120

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.03 - p.120

**PROBATION INFORMATION**

Is the partner CURRENTLY on probation?    ○ Yes ○ No   9.05 - p.120

Was the partner on probation DURING THE PAST 12 MONTHS?    ○ Yes ○ No   9.07 - p.120

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.08 - p.121

**PAROLE INFORMATION**

Is the partner CURRENTLY on parole from the Division of Juvenile Justice?    ○ Yes ○ No   9.09 - p.121

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?    ○ Yes ○ No   9.12 - p.121

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.13 - p.121

**CONSERVATORSHIP / PAYEE INFORMATION**
**CONSERVATORSHIP INFORMATION**

Is the partner CURRENTLY on conservatorship?    ○ Yes ○ No   9.14 - p.122

Was the partner on conservatorship DURING THE PAST 12 MONTHS?    ○ Yes ○ No   9.17 - p.122

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.18 - p.122

**PAYEE INFORMATION**

Does the partner CURRENTLY have a payee?    ○ Yes ○ No   9.19 - p.122

Did the partner have a payee DURING THE PAST 12 MONTHS?    ○ Yes ○ No   9.22 - p.123

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.23 - p.123

**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**

Is the partner CURRENTLY a dependent of the court?    ○ Yes ○ No   9.25 - p.123

Was the partner a dependent of the court DURING THE PAST 12 MONTHS?    ○ Yes ○ No   9.27 - p.123

Was the partner a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No   9.28 - p.124

If the partner was ever a dependent of the court, indicate the year the partner was first placed on W & I Code 300 status:   9.29 - p.124

**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)   9.30 - p.124

Placed in Foster Care:   9.31 - p.124

Legally Reunified with partner:   9.32 - p.125

Adopted out:   9.33 - p.125

## EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had **DURING THE PAST 12 MONTHS** that were:

| | |
|---|---|
| Physical Health Related | 10.01 - p.126 |
| Mental Health / Substance Abuse Related | 10.02 - p.126 |

## HEALTH STATUS

| | | |
|---|---|---|
| Does the partner have a primary care physician CURRENTLY? | ○ Yes ○ No | 11.01 - p.127 |
| Did the partner have a primary care physician DURING THE PAST 12 MONTHS? | ○ Yes ○ No | 11.02 - p.127 |

## SUBSTANCE ABUSE

| | | |
|---|---|---|
| In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem? | ○ Yes ○ No | 12.01 - p.128 |
| In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem? | ○ Yes ○ No | 12.02 - p.128 |
| Is the partner CURRENTLY receiving substance abuse services? | ○ Yes ○ No | 12.03 - p.128 |

## COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | VALUES |
|---|---|
| **To be tracked on the KEY EVENT TRACKING form:** | |
| County Use Field # 1 | 15.02 - p.135 |
| County Use Field # 2 | 15.04 - p.135 |
| County Use Field # 3 | 15.06 - p.135 |
| **To be tracked on the QUARTERLY ASSESSMENT form:** | |
| County Use Field # 1 | 15.07 - p.135 |
| County Use Field # 2 | 15.08 - p.136 |
| County Use Field # 3 | 15.09 - p.136 |

## TAY PAF Crosswalk

**TAY PAF
5/1/07**

### FULL SERVICE PARTNERSHIP
Transition Age Youth Partnership Assessment Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

| | |
|---|---|
| County | 3.01 - p.61 * |
| CSI County Client Number (CCN) | 3.02 - p.61 |
| County Partner ID (optional) | 3.03 - p.61 |
| Partner's First Name | 3.04 - p.62 * |
| Partner's Last Name | 3.04 - p.61 * |
| Partnership Date (mm/dd/yyyy) | 3.05 - p.62 * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.63 * |

**3.06 - p.62**
AssessmentDate automatically generated at time form is filled out.

Who referred the partner? (mark one)   **3.08 - p.63**

- ○ Self
- ○ Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent)
- ○ Significant Other (e.g., boyfriend / girlfriend, spouse)
- ○ Friend / Neighbor (i.e., unrelated other)
- ○ School
- ○ Primary Care / Medical Office

- ○ Emergency Room
- ○ Mental Health Facility / Community Agency
- ○ Social Services Agency
- ○ Substance Abuse Treatment Facility / Agency
- ○ Faith-based Organization
- ○ Other County / Community Agency

- ○ Homeless Shelter
- ○ Street Outreach
- ○ Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
- ○ Jail / Prison
- ○ Acute Psychiatric / State Hospital
- ○ Other

ADMINISTRATIVE INFORMATION

**PARTNERSHIP STATUS**

| | |
|---|---|
| Provider Number  / NPI (Optional) | 4.02 - p.64 |
| Full Service Partnership Program ID | 4.04 - p.64 * |
| Partnership Service Coordinator ID | 4.06 - p.64 * |

**PROGRAM INFORMATION**

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

| | |
|---|---|
| AB2034 | ☐ 4.08 – p.64 |
| Governor's Homeless Initiative (GHI) | ☐ 4.10 – p.65 |
| MHSA Housing Program | ☐ 4.12 – p.65 |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| **GENERAL LIVING ARRANGEMENT** | 5.02 - p.66 | 5.03 - p.67 | | | |
| With one or both biological / adoptive parents | ○ | ○ | 5.07-p.69 | 5.08-p.69 | 5.09-p.69 |
| With adult family member(s) other than parents – non-foster care | ○ | ○ | 5.10-p.70 | 5.11-p.70 | 5.12-p.70 |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | ○ | ○ | 5.04-p.68 | 5.05-p.68 | 5.06-p.68 |
| Single Room Occupancy (must hold lease) | ○ | ○ | 5.13-p.71 | 5.14-p.71 | 5.15-p.71 |
| Foster Home (with relative) | ○ | ○ | 5.16-p.71 | 5.17-p.72 | 5.18-p.72 |
| Foster Home (with non-relative) | ○ | ○ | 5.19-p.72 | 5.20-p.72 | 5.21-p.73 |
| **SHELTER / HOMELESS** | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ○ | ○ | 5.22-p.73 | 5.23-p.73 | 5.24-p.74 |
| Homeless (includes people living in their cars) | ○ | ○ | 5.25-p.74 | 5.26-p.74 | 5.27-p.75 |
| **SUPERVISED PLACEMENT** | | | | | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | ○ | ○ | 5.28-p.75 | 5.29-p.75 | 5.30-p.76 |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ○ | ○ | 5.34-p.77 | 5.35-p.77 | 5.36-p.77 |
| Licensed Community Care Facility (Board and Care) | ○ | ○ | 5.37-p.78 | 5.38-p.78 | 5.39-p.78 |
| **HOSPITAL** | | | | | |
| Acute Medical Hospital | ○ | ○ | 5.40-p.78 | 5.41-p.79 | 5.42-p.79 |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ○ | ○ | 5.43-p.79 | 5.44-p.80 | 5.45-p.80 |
| State Psychiatric Hospital | ▽ | ▽ | 5.46-p.80 | 5.47-p.80 | 5.48-p.81 |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| RESIDENTIAL PROGRAM | 5.02 - p.66 | 5.03 - p.67 | | | |
| Group Home (Level 0-11) | ○ | ○ | 5.49-p.81 | 5.50-p.81 | 5.51-p.81 |
| Group Home (Level 12-14) | ○ | ○ | 5.52-p.82 | 5.53-p.82 | 5.54-p.82 |
| Community Treatment Facility | ○ | ○ | 5.55-p.82 | 5.56-p.83 | 5.57-p.83 |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ○ | ○ | 5.58-p.83 | 5.59-p.83 | 5.60-p.84 |
| Skilled Nursing Facility (physical) | ○ | ○ | 5.64-p.85 | 5.65-p.85 | 5.66-p.85 |
| Skilled Nursing Facility (psychiatric) | ○ | ○ | 5.61-p.84 | 5.62-p.84 | 5.63-p.85 |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | ○ | ○ | 5.67-p.86 | 5.68-p.86 | 5.69-p.86 |
| JUSTICE PLACEMENT Juvenile Hall / Camp / Ranch | ○ | ○ | 5.70-p.87 | 5.71-p.87 | 5.72-p.87 |
| Division of Juvenile Justice | ○ | ○ | 5.73-p.87 | 5.74-p.88 | 5.75-p.88 |
| Jail | ○ | ○ | 5.76-p.88 | 5.77-p.88 | 5.78-p.89 |
| Prison | | | 5.79-p.89 | 5.80-p.89 | 5.81-p.89 |
| OTHER Other | ○ | ○ | 5.82-p.90 | 5.83-p.90 | 5.84-p.90 |
| Unknown | ∨ | ∨ | 5.85-p.91 | 5.86-p.91 | 5.87-p.91 |

## EDUCATION

Highest level of education completed:   **6.02 - p.181**

- ○ Day Care
- ○ Pre-School
- ○ Kindergarten
- ○ 1st Grade
- ○ 2nd Grade
- ○ 3rd Grade
- ○ 4th Grade
- ○ 5th Grade

- ○ 6th Grade
- ○ 7th Grade
- ○ 8th Grade
- ○ 9th Grade
- ○ 10th Grade
- ○ 11th Grade
- ○ 12th Grade
- ○ GED Coursework

- ○ High School Diploma / GED
- ○ Some College / Some Technical or Vocational Training
- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ Bachelor's Degree (e.g., B.A., B.S.)
- ○ Master's Degree (e.g., M.A., M.S.)
- ○ Doctoral Degree (e.g., M.D., Ph.D.)
- ○ Level Unknown (e.g., youth in non-public school)

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?       ○ Yes  ○ No   **6.03 - p.92**

Is the partner CURRENTLY receiving special education due to another reason?       ○ Yes  ○ No   **6.04 - p.92**

EDUCATION (Continued)

**FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:**

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS:

| | |
|---|---|
| | ○ Always attends school (never truant) |
| | ○ Attends school most of the time |
| 6.05 - p.93 | ○ Sometimes attends school |
| | ○ Infrequently attends school |
| | ○ Never attends school |

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:

| | |
|---|---|
| | ○ Always attends school (never truant) |
| | ○ Attends school most of the time |
| 6.06 - p.93 | ○ Sometimes attends school |
| | ○ Infrequently attends school |
| | ○ Never attends school |

CURRENTLY, his/her grades are:

| | |
|---|---|
| | ○ Very Good |
| | ○ Good |
| 6.07 - p.93 | ○ Average |
| | ○ Below Average |
| | ○ Poor |

DURING THE PAST 12 MONTHS, his/her grades were:

| | |
|---|---|
| | ○ Very Good |
| | ○ Good |
| 6.08 - p.94 | ○ Average |
| | ○ Below Average |
| | ○ Poor |

DURING THE PAST 12 MONTHS, how many times has s/he been suspended?      | 6.09 - p.94 |

DURING THE PAST 12 MONTHS, how many times has s/he been expelled?      | 6.11 - p.94 |

**FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:**

| For the educational settings below, indicate where the partner..... | was DURING THE PAST 12 MONTHS # of weeks | is CURRENTLY (mark all that apply) |
|---|---|---|
| Not in school of any kind | 6.14 - p.94 | 6.15 - p.95 |
| High School / Adult Education | 6.16 - p.95 | 6.17 - p.95 |
| Technical / Vocational School | 6.18 - p.95 | 6.19 - p.96 |
| Community College / 4 year College | 6.20 - p.96 | 6.21 - p.96 |
| Graduate School | 6.22 - p.97 | 6.23 - p.97 |
| Other | 6.24 - p.97 | 6.25 - p.97 |
| Does one of the partner's current recovery goals include any kind of education at this time? | ○ Yes ○ No  6.27 - p.98 | |

EMPLOYMENT

### EMPLOYMENT DURING THE PAST 12 MONTHS

| Indicate the partner's employment status... | # OF WEEKS | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:** <br> Paid employment in the community in a position that is also open to individuals without a disability. | 7.01-p.99 | 7.02-p.99 | 7.03-p.99 |
| **Supported Employment:** <br> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.04-p.100 | 7.05-p.100 | 7.06-p.100 |
| **Transitional Employment / Enclave:** <br> Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.07-p.101 | 7.08-p.101 | 7.09-p.101 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** <br> Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.10-p.102 | 7.11-p.102 | 7.12-p. 102 |
| **Non-paid (Volunteer) Work Experience:** <br> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.13-p.103 | 7.14-p.103 | |
| **Other Gainful / Employment Activity:** <br> Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.15-p.103 | 7.16-p.104 | 7.17-p.104 |
| Unemployed | 7.18-p.104 | | |

## CURRENT EMPLOYMENT

| Indicate the partner's employment status... | | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:**<br>Paid employment in the community in a position that is also open to individuals without a disability. | | 7.20 - p.105 | 7.21 - p.105 |
| **Supported Employment:**<br>Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | | 7.22 - p.105 | 7.23 - p.106 |
| **Transitional Employment / Enclave:**<br>Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | | 7.24 - p.106 | 7.25 - p.106 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**<br>Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | | 7.26 - p.107 | 7.27 - p.107 |
| **Non-paid (Volunteer) Work Experience:**<br>Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | | 7.28 - p.107 | |
| **Other Gainful / Employment Activity:**<br>Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | | 7.29 - p.108 | 7.30 - p.108 |
| The partner is not employed at this time. | ☐ | 7.31 - p.108 | |
| Does one of the partner's current recovery goals include any kind of employment at this time? | ○ Yes ○ No | 7.32 - p.108 | |

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | DURING THE PAST 12 MONTHS (mark all that apply) | CURRENTLY (mark all that apply) |
|---|---|---|
| Caregiver's Wages | 8.01 - p.109 | 8.02 - p.109 |
| Partner's Wages | 8.03 - p.109 | 8.04 - p.109 |
| Partner's Spouse / Significant Other's Wages | 8.05 - p.110 | 8.06 - p.110 |
| Savings | 8.07 - p.110 | 8.08 - p.110 |
| Child Support | 8.09 - p.111 | 8.10 - p.111 |
| Other Family Member / Friend | 8.11 - p.111 | 8.12 - p.111 |
| Retirement / Social Security Income | 8.13 - p.112 | 8.14 - p.112 |
| Veteran's Assistance Benefits | 8.15 - p.112 | 8.16 - p.112 |
| Loan / Credit | 8.17 - p.113 | 8.18 - p.113 |
| Housing Subsidy | 8.19 - p.113 | 8.20 - p.114 |
| General Relief / General Assistance | 8.21 - p.114 | 8.22 - p.114 |
| Food Stamps | 8.23 - p.114 | 8.24 - p.115 |
| Temporary Assistance for Needy Families (TANF) | 8.25 - p.115 | 8.26 - p.115 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.27 - p.116 | 8.28 - p.116 |
| Social Security Disability Insurance (SSDI) | 8.29 - p.116 | 8.30 - p.116 |
| State Disability Insurance (SDI) | 8.31 - p.117 | 8.32 - p.117 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.33 - p.117 | 8.34 - p.118 |
| Other | 8.35 - p.118 | 8.36 - p.118 |
| No Financial Support | 8.37 - p.118 | 8.38 - p.119 |

## LEGAL ISSUES / DESIGNATIONS

**JUSTICE SYSTEM INVOLVEMENT**
**ARREST INFORMATION**
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:    9.02 - p.120

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.03 - p.120

**PROBATION INFORMATION**
Is the partner CURRENTLY on probation?    ○ Yes ○ No    9.05 - p.120

Was the partner on probation DURING THE PAST 12 MONTHS?    ○ Yes ○ No    9.07 - p.120

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.08 - p.121

**PAROLE INFORMATION**
Is the partner CURRENTLY on parole from the Division of Juvenile Justice?    ○ Yes ○ No    9.09 - p.121

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?    ○ Yes ○ No    9.12 - p.121

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.13 - p.121

**CONSERVATORSHIP / PAYEE INFORMATION**
**CONSERVATORSHIP INFORMATION**
Is the partner CURRENTLY on conservatorship?    ○ Yes ○ No    9.14 - p.122

Was the partner on conservatorship DURING THE PAST 12 MONTHS?    ○ Yes ○ No    9.17 - p.122

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.18 - p.122

**PAYEE INFORMATION**
Does the partner CURRENTLY have a payee?    ○ Yes ○ No    9.19 - p.122

Did the partner have a payee DURING THE PAST 12 MONTHS?    ○ Yes ○ No    9.22 - p.123

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.23 - p.123

**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**
Is the partner CURRENTLY a dependent of the court?    ○ Yes ○ No    9.25 - p.123

Was the partner a dependent of the court DURING THE PAST 12 MONTHS?    ○ Yes ○ No    9.27 - p.123

Was the partner a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?    ○ Yes ○ No    9.28 - p.124

If the partner was ever a dependent of the court, indicate the year the partner was first placed on W & I Code 300 status:    9.29 - p.124
**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)    9.30 - p.124

Placed in Foster Care:    9.31 - p.124

Legally Reunified with partner:    9.32 - p.125

Adopted out:    9.33 - p.125

## EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had **DURING THE PAST 12 MONTHS** that were:

Physical Health Related    [    ]    **10.01 - p.126**

Mental Health / Substance Abuse Related    [    ]    **10.02 - p.126**

## HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?    ○ Yes ○ No   **11.01 - p.127**

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?    ○ Yes ○ No   **11.02 - p.127**

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?    ○ Yes ○ No   **12.01 - p.128**

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?    ○ Yes ○ No   **12.02 - p.128**

Is the partner CURRENTLY receiving substance abuse services?    ○ Yes ○ No   **12.03 - p.128**

## COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | VALUES |
|---|---|
| To be tracked on the KEY EVENT TRACKING form: | |
| County Use Field # 1 | **15.02 - p.135** |
| County Use Field # 2 | **15.04 - p.135** |
| County Use Field # 3 | **15.06 - p.135** |
| To be tracked on the QUARTERLY ASSESSMENT form: | |
| County Use Field # 1 | **15.07 - p.135** |
| County Use Field # 2 | **15.08 - p.136** |
| County Use Field # 3 | **15.09 - p.136** |

## Adult PAF Crosswalk

**FULL SERVICE PARTNERSHIP**
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

| ADULT PAF |
| --- |
| 5/1/07 |

PARTNERSHIP INFORMATION

| | | |
| --- | --- | --- |
| County | 3.01 - p.61 | * |
| CSI County Client Number (CCN) | 3.02 - p.61 | |
| County Partner ID (optional) | 3.03 - p.61 | |
| Partner's First Name | 3.04 - p.62 | * |
| Partner's Last Name | 3.04 - p.61 | * |
| Partnership Date (mm/dd/yyyy) | 3.05 - p.62 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.63 | * |

3.06 - p.62
**AssessmentDate automatically generated at time form is filled out.**

Who referred the partner? (mark one)   **3.08 - p.63**

- ○ Self
- ○ Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child)
- ○ Significant Other (e.g., boyfriend / girlfriend, spouse)
- ○ Friend / Neighbor (i.e., unrelated other)
- ○ School
- ○ Primary Care / Medical Office

- ○ Emergency Room
- ○ Mental Health Facility / Community Agency
- ○ Social Services Agency
- ○ Substance Abuse Treatment Facility / Agency
- ○ Faith-based Organization
- ○ Other County / Community Agency

- ○ Homeless Shelter
- ○ Street Outreach
- ○ Jail / Prison
- ○ Acute Psychiatric / State Hospital
- ○ Other

ADMINISTRATIVE INFORMATION

**PARTNERSHIP STATUS**

| | | |
| --- | --- | --- |
| Provider Number  / NPI (Optional) | 4.02 - p.64 | |
| Full Service Partnership Program ID | 4.04 - p.64 | * |
| Partnership Service Coordinator ID | 4.06 - p.64 | * |

**PROGRAM INFORMATION**

**In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)**

| | | |
| --- | --- | --- |
| AB2034 | ☐ | 4.08 - p.64 |
| Governor's Homeless Initiative (GHI) | ☐ | 4.10 - p.65 |
| MHSA Housing Program | ☐ | 4.12 - p.65 |

RESIDENTIAL INFORMATION  - includes hospitalization and incarceration

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| **GENERAL LIVING ARRANGEMENT** | | | | | |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | 5.02 - p.66 | 5.03 - p.67 | 5.04-p.68 | 5.05-p.68 | 5.06-p.68 |
| With one or both biological / adoptive parents | ⊙ | ⊙ | 5.07-p.69 | 5.08-p.69 | 5.09-p.69 |
| With adult family member(s) other than parents | ⊙ | ⊙ | 5.10-p.70 | 5.11-p.70 | 5.12-p.70 |
| Single Room Occupancy (must hold lease) | ⊙ | ⊙ | 5.13-p.71 | 5.14-p.71 | 5.15-p.71 |
| **SHELTER / HOMELESS** | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ⊙ | ⊙ | 5.22-p.73 | 5.23-p.73 | 5.24-p.74 |
| Homeless (includes people living in their cars) | ⊙ | ⊙ | 5.25-p.74 | 5.26-p.74 | 5.27-p.75 |
| **SUPERVISED PLACEMENT** | | | | | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | ⊙ | ⊙ | 5.28-p.75 | 5.29-p.75 | 5.30-p.76 |
| Assisted Living Facility | ⊙ | ⊙ | 5.31-p.76 | 5.32-p.76 | 5.33-p.76 |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ⊙ | ⊙ | 5.34-p.77 | 5.35-p.77 | 5.36-p.77 |
| Licensed Community Care Facility (Board and Care) | ⊙ | ⊙ | 5.37-p.78 | 5.38-p.78 | 5.39-p.78 |
| **HOSPITAL** | | | | | |
| Acute Medical Hospital | ⊙ | ⊙ | 5.40-p.78 | 5.41-p.79 | 5.42-p.79 |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ⊙ | ⊙ | 5.43-p.79 | 5.44-p.80 | 5.45-p.80 |
| State Psychiatric Hospital | ⊙ | ⊙ | 5.46-p.80 | 5.47-p.80 | 5.48-p.81 |
| **RESIDENTIAL PROGRAM** | | | | | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ⊙ | ⊙ | 5.58-p.83 | 5.59-p.83 | 5.60-p.84 |
| Skilled Nursing Facility (physical) | ⊙ | ⊙ | 5.61-p.84 | 5.62-p.84 | 5.63-p.85 |
| Skilled Nursing Facility (psychiatric) | ⊙ | ⊙ | 5.64-p.85 | 5.65-p.85 | 5.66-p.85 |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | ↓ | ↓ | 5.67-p.86 | 5.68-p.86 | 5.69-p.86 |

RESIDENTIAL INFORMATION  - includes hospitalization and incarceration (Continued)

**JUSTICE PLACEMENT**

| | | | | | |
|---|---|---|---|---|---|
| Jail | ○ | ○ | 5.76-p.88 | 5.77-p.88 | 5.78-p.89 |
| Prison | | | 5.79-p.89 | 5.80-p.89 | 5.81-p.89 |

**OTHER**

| | | | | | |
|---|---|---|---|---|---|
| Other | ○ | ○ | 5.82-p.90 | 5.83-p.90 | 5.84-p.90 |
| Unknown | ↓ | ↓ | 5.85-p.91 | 5.86-p.91 | 5.87-p.91 |

EDUCATION

Highest level of education completed:  6.02 - p.92

○ No High School Diploma / No GED

○ GED Coursework

○ High School Diploma / GED

○ Some College / Some Technical or Vocational Training

○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

○ Bachelor's Degree (e.g., B.A., B.S.)

○ Master's Degree (e.g., M.A., M.S.)

○ Doctoral Degree (e.g., M.D., Ph.D.)

| For the educational settings below, indicate where the partner..... | was DURING THE PAST 12 MONTHS # of weeks | is CURRENTLY (mark all that apply) |
|---|---|---|
| Not in school of any kind | 6.14 - p.94 | 6.15 - p.95 |
| High School / Adult Education | 6.16 - p.95 | 6.17 - p.95 |
| Technical / Vocational School | 6.18 - p.95 | 6.19 - p.96 |
| Community College / 4 year College | 6.20 - p.96 | 6.21 - p.96 |
| Graduate School | 6.22 - p.97 | 6.23 - p.97 |
| Other | 6.24 - p.97 | 6.25 - p.97 |

Does one of the partner's current recovery goals include any kind of education at this time?          ○ Yes  ○ No  6.27 - p.98

EMPLOYMENT

| EMPLOYMENT DURING THE PAST 12 MONTHS | | | |
|---|---|---|---|
| Indicate the partner's employment status... | # OF WEEKS | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
| **Competitive Employment:** Paid employment <u>in the community in a position that is also open to individuals</u> without a disability. | 7.01-p.99 | 7.02-p.99 | 7.03-p.99 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.04-p.100 | 7.05-p.100 | 7.06-p.100 |
| **Transitional Employment / Enclave:** Paid jobs <u>in the community that are 1) open only to individuals with a disability</u> AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.07-p.101 | 7.08-p.101 | 7.09-p.101 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs <u>open only to program participants with a disability</u>. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.10-p.102 | 7.11-p.102 | 7.12-p. 102 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.13-p.103 | 7.14-p.103 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.15-p.103 | 7.16-p.104 | 7.17-p.104 |
| Unemployed | 7.18-p.104 | | |

## CURRENT EMPLOYMENT

| Indicate the partner's employment status... | | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | | 7.20-p.105 | 7.21-p.105 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | | 7.22-p.105 | 7.23-p.106 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | | 7.24-p.106 | 7.25-p.106 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | | 7.26-p.107 | 7.27-p.107 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | | 7.28-p.107 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | | 7.29-p.108 | 7.30-p.108 |
| The partner is not employed at this time. | ☐ | 7.31 - p.108 | |
| Does one of the partner's current recovery goals include any kind of employment at this time? | ⚬ Yes ⚬ No | 7.32 - p.108 | |

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | DURING THE PAST 12 MONTHS (mark all that apply) | CURRENTLY (mark all that apply) |
|---|---|---|
| Partner's Wages | 8.03 - p.109 | 8.04 - p.109 |
| Partner's Spouse / Significant Other's Wages | 8.05 - p.110 | 8.06 - p.110 |
| Savings | 8.07 - p.110 | 8.08 - p.110 |
| Other Family Member / Friend | 8.11 - p.111 | 8.12 - p.111 |
| Retirement / Social Security Income | 8.13 - p.112 | 8.14 - p.112 |
| Veteran's Assistance Benefits | 8.15 - p.112 | 8.16 - p.112 |
| Loan / Credit | 8.17 - p.113 | 8.18 - p.113 |
| Housing Subsidy | 8.19 - p.113 | 8.20 - p.114 |
| General Relief / General Assistance | 8.21 - p.114 | 8.22 - p.114 |
| Food Stamps | 8.23 - p.114 | 8.24 - p.115 |
| Temporary Assistance for Needy Families (TANF) | 8.25 - p.115 | 8.26 - p.115 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.27 - p.116 | 8.28 - p.116 |
| Social Security Disability Insurance (SSDI) | 8.29 - p.116 | 8.30 - p.116 |
| State Disability Insurance (SDI) | 8.31 - p.117 | 8.32 - p.117 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.33 - p.117 | 8.34 - p.118 |
| Other | 8.35 - p.118 | 8.36 - p.118 |
| No Financial Support | 8.37 - p.118 | 8.38 - p.119 |

## LEGAL ISSUES / DESIGNATIONS

**JUSTICE SYSTEM INVOLVEMENT**
**ARREST INFORMATION**
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:  | 9.02 - p.120 |

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?  ○ Yes  ○ No   9.03 - p.120

**PROBATION INFORMATION**
Is the partner CURRENTLY on probation?  ○ Yes  ○ No   9.05 - p.120

Was the partner on probation DURING THE PAST 12 MONTHS?  ○ Yes  ○ No   9.07 - p.120

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?  ○ Yes  ○ No   9.08 - p.121

**PAROLE INFORMATION**
Was the partner on any kind of parole DURING THE PAST 12 MONTHS?  ○ Yes  ○ No   9.12 - p.121

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?  ○ Yes  ○ No   9.13 - p.121

**CONSERVATORSHIP / PAYEE INFORMATION**
**CONSERVATORSHIP INFORMATION**
Is the partner CURRENTLY on conservatorship?  ○ Yes  ○ No   9.14 - p.122

Was the partner on conservatorship DURING THE PAST 12 MONTHS?  ○ Yes  ○ No   9.17 - p.122

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?  ○ Yes  ○ No   9.18 - p.122

**PAYEE INFORMATION**
Does the partner CURRENTLY have a payee?  ○ Yes  ○ No   9.19 - p.122

Did the partner have a payee DURING THE PAST 12 MONTHS?  ○ Yes  ○ No   9.22 - p.123

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?  ○ Yes  ○ No   9.23 - p.123

**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)  | 9.30 - p.124 |

Placed in Foster Care:  | 9.31 - p.124 |

Legally Reunified with partner:  | 9.32 - p.125 |

Adopted out:  | 9.33 - p.125 |

EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had **DURING THE PAST 12 MONTHS** that were:

Physical Health Related | | 10.01 - p.**126**

Mental Health / Substance Abuse Related | | 10.02 - p.**126**

HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?    ○ Yes ○ No   11.01 - p.**127**

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?    ○ Yes ○ No   11.02 - p.**127**

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?    ○ Yes ○ No   12.01 - p.**128**

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?    ○ Yes ○ No   12.02 - p.**128**

Is the partner CURRENTLY receiving substance abuse services?    ○ Yes ○ No   12.03 - p.**128**

COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | VALUES |
|---|---|
| **To be tracked on the KEY EVENT TRACKING form:** | |
| County Use Field # 1 | 15.02 - p.**135** |
| County Use Field # 2 | 15.04 - p.**135** |
| County Use Field # 3 | 15.06 - p.**135** |
| **To be tracked on the QUARTERLY ASSESSMENT form:** | |
| County Use Field # 1 | 15.07 - p.**135** |
| County Use Field # 2 | 15.08 - p.**136** |
| County Use Field # 3 | 15.09 - p.**136** |

## Older Adult PAF Crosswalk

### FULL SERVICE PARTNERSHIP
Older Adult Partnership Assessment Form
FOR AGES 60+ YEARS

**OLDER ADULT PAF
5/1/07**

PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 - p.61 | * |
| CSI County Client Number (CCN) | 3.02 - p.61 | |
| County Partner ID (optional) | 3.03 - p.61 | |
| Partner's First Name | 3.04 - p.62 | * |
| Partner's Last Name | 3.04 - p.61 | * |
| Partnership Date (mm/dd/yyyy) | 3.05 - p.62 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.63 | * |

**3.06 - p.62**
AssessmentDate automatically generated at time form is filled out.

Who referred the partner? (mark one)  **3.08 - p.63**

- ○ Self
- ○ Family Member (e.g., parent, guardian, sibling, aunt, uncle, child)
- ○ Significant Other (e.g., boyfriend / girlfriend, spouse)
- ○ Friend / Neighbor (i.e., unrelated other)
- ○ School
- ○ Primary Care / Medical Office

- ○ Emergency Room
- ○ Mental Health Facility / Community Agency
- ○ Social Services Agency
- ○ Substance Abuse Treatment Facility / Agency
- ○ Faith-based Organization
- ○ Other County / Community Agency

- ○ Homeless Shelter
- ○ Street Outreach
- ○ Jail / Prison
- ○ Acute Psychiatric / State Hospital
- ○ Other

ADMINISTRATIVE INFORMATION

**PARTNERSHIP STATUS**

| | | |
|---|---|---|
| Provider Number / NPI (Optional) | 4.02 - p.64 | |
| Full Service Partnership Program ID | 4.04 - p.64 | * |
| Partnership Service Coordinator ID | 4.06 - p.64 | * |

**PROGRAM INFORMATION**

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

| | | |
|---|---|---|
| AB2034 | ☐ | 4.08 - p.64 |
| Governor's Homeless Initiative (GHI) | ☐ | 4.10 - p.65 |
| MHSA Housing Program | ☐ | 4.12 - p.65 |

RESIDENTIAL INFORMATION  - includes hospitalization and incarceration

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| **GENERAL LIVING ARRANGEMENT** | 5.02 - p.66 | 5.03 - p.67 | | | |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | ○ | ○ | 5.04-p.68 | 5.05-p.68 | 5.06-p.68 |
| With one or both biological / adoptive parents | ○ | ○ | 5.07-p.69 | 5.08-p.69 | 5.09-p.69 |
| With adult family member(s) other than parents | ○ | ○ | 5.10-p.70 | 5.11-p.70 | 5.12-p.70 |
| Single Room Occupancy (must hold lease) | ○ | ○ | 5.13-p.71 | 5.14-p.71 | 5.15-p.71 |
| **SHELTER / HOMELESS** | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ○ | ○ | 5.22-p.73 | 5.23-p.73 | 5.24-p.74 |
| Homeless (includes people living in their cars) | ○ | ○ | 5.25-p.74 | 5.26-p.74 | 5.27-p.75 |
| **SUPERVISED PLACEMENT** | | | | | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | ○ | ○ | 5.28-p.75 | 5.29-p.75 | 5.30-p.76 |
| Assisted Living Facility | ○ | ○ | 5.31-p.76 | 5.32-p.76 | 5.33-p.76 |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ○ | ○ | 5.34-p.77 | 5.35-p.77 | 5.36-p.77 |
| Licensed Community Care Facility (Board and Care) | ○ | ○ | 5.37-p.78 | 5.38-p.78 | 5.39-p.78 |
| **HOSPITAL** | | | | | |
| Acute Medical Hospital | ○ | ○ | 5.40-p.78 | 5.41-p.79 | 5.42-p.79 |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ○ | ○ | 5.43-p.79 | 5.44-p.80 | 5.45-p.80 |
| State Psychiatric Hospital | ○ | ○ | 5.46-p.80 | 5.47-p.80 | 5.48-p.81 |
| **RESIDENTIAL PROGRAM** | | | | | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ○ | ○ | 5.58-p.83 | 5.59-p.83 | 5.60-p.84 |
| Skilled Nursing Facility (physical) | ○ | ○ | 5.61-p.84 | 5.62-p.84 | 5.63-p.85 |
| Skilled Nursing Facility (psychiatric) | ○ | ○ | 5.64-p.85 | 5.65-p.85 | 5.66-p.85 |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | ○ | ○ | 5.67-p.86 | 5.68-p.86 | 5.69-p.86 |
| **JUSTICE PLACEMENT** | | | | | |
| Jail | ↓ | ↓ | 5.76-p.88 | 5.77-p.88 | 5.78-p.89 |
| Prison | | | 5.79-p.89 | 5.80-p.89 | 5.81-p.89 |

**RESIDENTIAL INFORMATION** - includes hospitalization and incarceration  Continued.

| OTHER | 5.02 - p.66 | 5.03 - p.67 | | | |
|---|---|---|---|---|---|
| Other | ○ | ○ | 5.82-p.90 | 5.83-p.90 | 5.84-p.90 |
| Unknown | ○ | ○ | 5.85-p.91 | 5.86-p.91 | 5.87-p.91 |

**EDUCATION**

Highest level of education completed:    6.02 - p.92

○ No High School Diploma / No GED

○ GED Coursework

○ High School Diploma / GED

○ Some College / Some Technical or Vocational Training

○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

○ Bachelor's Degree (e.g., B.A., B.S.)

○ Master's Degree (e.g., M.A., M.S.)

○ Doctoral Degree (e.g., M.D., Ph.D.)

| For the educational settings below, indicate where the partner..... | was DURING THE PAST 12 MONTHS # of weeks | is CURRENTLY (mark all that apply) |
|---|---|---|
| Not in school of any kind | ☐ 6.14 - p.94 | ☐ 6.15 - p.95 |
| High School / Adult Education | ☐ 6.16 - p.95 | ☐ 6.17 - p.95 |
| Technical / Vocational School | ☐ 6.18 - p.95 | ☐ 6.19 - p.96 |
| Community College / 4 year College | ☐ 6.20 - p.96 | ☐ 6.21 - p.96 |
| Graduate School | ☐ 6.22 - p.97 | ☐ 6.23 - p.97 |
| Other | ☐ 6.24 - p.97 | ☐ 6.25 - p.97 |

Does one of the partner's current recovery goals include any kind of education at this time?      ○ Yes  ○ No    6.27 - p.98

EMPLOYMENT

## EMPLOYMENT DURING THE PAST 12 MONTHS

| Indicate the partner's employment status... | # OF WEEKS | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | 7.01-p.99 | 7.02-p.99 | 7.03-p.99 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.04-p.100 | 7.05-p.100 | 7.06-p.100 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.07-p.101 | 7.08-p.101 | 7.09-p.101 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.10-p.102 | 7.11-p.102 | 7.12-p.102 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.13-p.103 | 7.14-p.103 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.15-p.103 | 7.16-p.104 | 7.17-p.104 |
| Unemployed | 7.18-p.104 | | |

## CURRENT EMPLOYMENT

| Indicate the partner's employment status... | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|
| **Competitive Employment:** Paid employment <u>in the community</u> in a position that is also open to individuals <u>without a disability</u>. | **7.20 - p.105** | **7.21 - p.105** |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | **7.22 - p.105** | **7.23 - p.106** |
| **Transitional Employment / Enclave:** Paid jobs <u>in the community</u> that are 1) open only to individuals <u>with a disability</u> AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | **7.24 - p.106** | **7.25 - p.106** |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | **7.26 - p.107** | **7.27 - p.107** |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | **7.28 - p.107** | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | **7.29 - p .108** | **7.30 - p.108** |
| The partner is not employed at this time. ☐ | **7.31 - p.108** | |
| Does one of the partner's current recovery goals include any kind of employment at this time? ○ Yes ○ No | **7.32 - p.108** | |

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | DURING THE PAST 12 MONTHS (mark all that apply) | CURRENTLY (mark all that apply) |
| --- | --- | --- |
| Partner's Wages | 8.03 - p.109 | 8.04 - p.109 |
| Partner's Spouse / Significant Other's Wages | 8.05 - p.110 | 8.06 - p.110 |
| Savings | 8.07 - p.110 | 8.08 - p.110 |
| Other Family Member / Friend | 8.11 - p.111 | 8.12 - p.111 |
| Retirement / Social Security Income | 8.13 - p.112 | 8.14 - p.112 |
| Veteran's Assistance Benefits | 8.15 - p.112 | 8.16 - p.112 |
| Loan / Credit | 8.17 - p.113 | 8.18 - p.113 |
| Housing Subsidy | 8.19 - p.113 | 8.20 - p.114 |
| General Relief / General Assistance | 8.21 - p.114 | 8.22 - p.114 |
| Food Stamps | 8.23 - p.114 | 8.24 - p.115 |
| Temporary Assistance for Needy Families (TANF) | 8.25 - p.115 | 8.26 - p.115 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.27 - p.116 | 8.28 - p.116 |
| Social Security Disability Insurance (SSDI) | 8.29 - p.116 | 8.30 - p.116 |
| State Disability Insurance (SDI) | 8.31 - p.117 | 8.32 - p.117 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.33 - p.117 | 8.34 - p.118 |
| Other | 8.35 - p.118 | 8.36 - p.118 |
| No Financial Support | 8.37 - p.118 | 8.38 - p.119 |

## LEGAL ISSUES / DESIGNATIONS

**JUSTICE SYSTEM INVOLVEMENT**
**ARREST INFORMATION**
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS: | 9.02 - p.120 |

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?     ○ Yes ○ No   9.03 - p.120

**PROBATION INFORMATION**
Is the partner CURRENTLY on probation?     ○ Yes ○ No   9.05 - p.120

Was the partner on probation DURING THE PAST 12 MONTHS?     ○ Yes ○ No   9.07 - p.120

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?     ○ Yes ○ No   9.08 - p.121

**PAROLE INFORMATION**
Was the partner on any kind of parole DURING THE PAST 12 MONTHS?     ○ Yes ○ No   9.12 - p.121

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?     ○ Yes ○ No   9.13 - p.121

**CONSERVATORSHIP / PAYEE INFORMATION**
**CONSERVATORSHIP INFORMATION**
Is the partner CURRENTLY on conservatorship?     ○ Yes ○ No   9.14 - p.122

Was the partner on conservatorship DURING THE PAST 12 MONTHS?     ○ Yes ○ No   9.17 - p.122

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?     ○ Yes ○ No   9.18 - p.122

**PAYEE INFORMATION**
Does the partner CURRENTLY have a payee?     ○ Yes ○ No   9.19 - p.122

Did the partner have a payee DURING THE PAST 12 MONTHS?     ○ Yes ○ No   9.22 - p.123

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?     ○ Yes ○ No   9.23 - p.123

**CUSTODY INFORMATION**
Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)       | 9.30 - p.124 |

Placed in Foster Care:       | 9.31 - p.124 |

Legally Reunified with partner:       | 9.32 - p.125 |

Adopted out:       | 9.33 - p.125 |

## EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had **DURING THE PAST 12 MONTHS** that were:

Physical Health Related ☐     **10.01 - p.126**

Mental Health / Substance Abuse Related ☐     **10.02 - p.126**

## HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?    ○ Yes   ○ No   **11.01 - p.127**

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?    ○ Yes   ○ No   **11.02 - p.127**

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?    ○ Yes   ○ No   **12.01 - p.128**

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?    ○ Yes   ○ No   **12.02 - p.128**

Is the partner CURRENTLY receiving substance abuse services?    ○ Yes   ○ No   **12.03 - p.128**

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)

For each area of functioning listed below, select the description that applies. (The word 'assistance' means supervision, direction or personal assistance.)

BATHING - either sponge bath, tub bath or shower:  **13.01 - p.129**

○ Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)

○ Receives assistance in bathing only one part of the body (such as back or leg)

○ Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners  **13.02 - p.129**
(including braces, if worn):

○ Gets clothes and gets completely dressed without assistance

○ Gets clothes and gets dressed without assistance, except for assistance in tying shoes

○ Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING:  **13.03 - p.129**

○ Goes to 'toilet room,' cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)

○ Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode

○ Doesn't go to room termed 'toilet' for the elimination process

TRANSFER:  **13.04 - p.130**

○ Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker)

○ Moves in and out of bed or chair with assistance

○ Doesn't get out of bed

CONTINENCE:  **13.05 - p.130**

○ Controls urination and bowel movement completely by self

○ Has occasional 'accidents'

○ Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

FEEDING:  **13.06 - p.130**

○ Feeds self without assistance

○ Feeds self except for getting assistance in cutting meat or buttering bread

○ Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

WALKING:  **13.07 - p.130**

○ Walks on level without assistance

○ Walks without assistance but uses single, straight cane

○ Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)

○ Walks with assistance

○ Uses wheelchair only

○ Not walking or using wheelchair

## INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)    (Continued)

HOUSE-CONFINEMENT:    13.08 - p.131

○ Has been outside of residence on 3 or more days during the past 2 weeks

○ Has been outside of residence on only 1 or 2 days during the past 2 weeks

○ Has not been outside of residence in past 2 weeks

## INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

| For each area of functioning listed below, select the description that applies. | Without Help | With Some Help | Completely Unable To Do | |
|---|---|---|---|---|
| Can the partner use the telephone? | ○ | ○ | ○ | 14.01 - p.132 |
| Can the partner get to places out of walking distance? | ○ | ○ | ○ | 14.02 - p.132 |
| Can the partner go shopping for groceries? | ○ | ○ | ○ | 14.03 - p.132 |
| Can the partner prepare his / her own meals? | ○ | ○ | ○ | 14.04 - p.132 |
| Can the partner do his / her own housework? | ○ | ○ | ○ | 14.05 - p.133 |
| Can the partner do his / her own handyman work? | ○ | ○ | ○ | 14.06 - p.133 |
| Can the partner do his / her own laundry? | ○ | ○ | ○ | 14.07 - p.133 |
| If the partner takes medication (or if the partner had to take medication) could s/he take it on his / her own? | ○ | ○ | ○ | 14.08 - p.134 |
| Can the partner manage his / her own money? | ○ | ○ | ○ | 14.09 - p.134 |

## COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | VALUES |
|---|---|
| To be tracked on the KEY EVENT TRACKING form: | |
| County Use Field # 1 | 15.02 - p.135 |
| County Use Field # 2 | 15.04 - p.135 |
| County Use Field # 3 | 15.06 - p.135 |
| To be tracked on the QUARTERLY ASSESSMENT form: | |
| County Use Field # 1 | 15.07 - p.135 |
| County Use Field # 2 | 15.08 - p.136 |
| County Use Field # 3 | 15.09 - p.136 |

# Partnership Assessment Form (PAF) Variables

## INTERNAL VARIABLES

### 1.01    GlobalID

Internal DCR Client Identifier (for linking assessments);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX | 36 |

Comments

DCR Client Identifier for linking assessments across different forms (can be useful when the CSI Number is missing);

Valid Codes

(System Generated)

### 1.02    AssessmentID

Internal DCR Administrative field for individually identifying each assessment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXX | 5 |

Comments

Valid Codes

(System Generated)

### 1.03    PAFStatus

Internal DCR Administrative field which indicates the level of completion for the PAF form;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 0 = Pending | 1 = Complete |
| 2 = Certified Complete | |

### 1.04    DatePartnershipStatusChange

Internal DCR administrative field; Indicates the date that Partnership Status changed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

## INTERNAL VARIABLES
## 1.05    PartnerShipStatus

Internal DCR administrative field; Indicates the current Partnership Status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

0 = Inactive Partner - Services interrupted / discontinued; 1 = Active Partner; 3 = PAF Renewal (PFR) Identifies an older, historical, PAF for a partner who was discontinued or had an interruption in their partnership and was reestablished after a year or longer;

Valid Codes

0 = Inactive                                             1 = Active
3 = PFR (Partners who are reactivated after 1 year)

## 1.06    CreatedDate

Internal DCR Administrative field that indicates the date when the record was submitted to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes

(System Generated)

## 1.07    Age_Group

Internal DCR Administrative field which indicates the age group the partner belonged to at the time the form was completed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes

1 = Child PAF                                           2 = Child 3M
3 = Child KET                                           4 = TAY PAF
5 = TAY 3M                                              6 = TAY KET
7 = Adult PAF                                           8 = Adult 3M
9 = Adult KET                                           10 = Older Adult PAF
11 = Older Adult 3M                                     12 = Older Adult KET

**INTERNAL VARIABLES**

## 1.08    AssessmentType

Internal DCR Administrative field which indicates the form type from which the data were collected;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXX | 3 |

Comments

Valid Codes

| | |
|---|---|
| PAF = Partnership Assessment Form | KET = Key Event Tracking form |
| 3M = Quarterly Assessment form | |

## 1.09    AssessmentSource

Internal DCR Administrative field which indicates how the record was submitted/edited;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 1 = DCR Online System | 2 = XML Batch Upload |
| 3 = Legacy/DCR Interim System | |

**FROM CSI VARIABLES**
## 2.01    CSIDateOfBirth

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Populated using the DMH Client and Services Information (CSI) System "date of birth" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

## 2.02    Gender

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "gender" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| M = Male | F = Female |
| O = Other | U = Unknown |

## FROM CSI VARIABLES
## 2.03 CSIRace1

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race1" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.04 CSIRace2

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race2" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.05   CSIRace3

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race3" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.06   CSIRace4

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race4" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.07    CSIRace5

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race5" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.08    Ethnicty_A

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_A" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

**FROM CSI VARIABLES**

## 2.09    Ethnicty_B

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_B" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

## 2.10    CSIHispanic

Is the client of Hispanic or Latino ethnicity? When available, this variable is obtained from the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System; (Note: This field is currently not being populated from CSI;)

Valid Codes

| | |
|---|---|
| Y = Yes | N = No |
| U = Unknown/Not Reported | |

## PARTNERSHIP INFORMATION VARIABLES

### 3.01    CountyID

PARTNERSHIP INFORMATION: County (city submitting record);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

NOTE: Should include leading zeros;

Valid Codes

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 01 | = | Alameda | 16 | = | Kings | 31 | = | Placer | 46 | = | Sierra |
| 02 | = | Alpine | 17 | = | Lake | 32 | = | Plumas | 47 | = | Siskiyou |
| 03 | = | Amador | 18 | = | Lassen | 33 | = | Riverside | 48 | = | Solano |
| 04 | = | Butte | 19 | = | Los Angeles | 34 | = | Sacramento | 49 | = | Sonoma |
| 05 | = | Calaveras | 20 | = | Madera | 35 | = | San Benito | 50 | = | Stanislaus |
| 06 | = | Colusa | 21 | = | Marin | 36 | = | San Bernardino | 52 | = | Tehama |
| 07 | = | Contra Costa | 22 | = | Mariposa | 37 | = | San Diego | 53 | = | Trinity |
| 08 | = | Del Norte | 23 | = | Mendocino | 38 | = | San Francisco | 54 | = | Tulare |
| 09 | = | El Dorado | 24 | = | Merced | 39 | = | San Joaquin | 55 | = | Tuolumne |
| 10 | = | Fresno | 25 | = | Modoc | 40 | = | San Luis Obispo | 56 | = | Ventura |
| 11 | = | Glenn | 26 | = | Mono | 41 | = | San Mateo | 57 | = | Yolo |
| 12 | = | Humboldt | 27 | = | Monterey | 42 | = | Santa Barbara | 63 | = | Sutter/Yuba |
| 13 | = | Imperial | 28 | = | Napa | 43 | = | Santa Clara | 65 | = | Berkeley City |
| 14 | = | Inyo | 29 | = | Nevada | 44 | = | Santa Cruz | 66 | = | Tri-City |
| 15 | = | Kern | 30 | = | Orange | 45 | = | Shasta | | | |

### 3.02    CSINumber

PARTNERSHIP INFORMATION: CSI County Client Number (CCN);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXX | 9 |

Comments

This is the same client identifier that is created by the county and submitted to the DMH Client and Services Information (CSI) System; Note: Should include leading zeros;

Valid Codes

0-9, A-Z  Right justify, use left leading zeros

## PARTNERSHIP INFORMATION VARIABLES

### 3.03    CountyFSPID

PARTNERSHIP INFORMATION: County Partner ID (Optional);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Optional internal county identifier;
Valid Codes
0-9, A-Z Right justify, use left leading zeros

### 3.04    Name

PARTNERSHIP INFORMATION: Partner's last name, Partner's first name;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | LastName, FirstName | 25,25 |

Comments
Valid Codes

### 3.05    PartnershipDate

PARTNERSHIP INFORMATION: Partnership Date (date when the Partnership was established);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 3.06    AssessmentDate

PARTNERSHIP INFORMATION: Date Completed - If the record is a PAF, the value for this field is the same as the Partnership Date;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## PARTNERSHIP INFORMATION VARIABLES
## 3.07    DateOfBirth

PARTNERSHIP INFORMATION: Partner's Date of Birth;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros


## 3.08    ReferredBy

PARTNERSHIP INFORMATION: Who referred the partner?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments
Old variable name = Referred_By;
Valid Codes

| | |
|---|---|
| 01 = Self | 02 = Family Member |
| 03 = Significant Other | 04 = Friend / Neighbor |
| 05 = School | 06 = Primary Care / Medical Office |
| 07 = Emergency Room | 08 = Mental Health Facility / Community Agency |
| 09 = Social Services Agency | 10 = Substance Abuse Treatment Facility / Agency |
| 11 = Faith-based Organization | 12 = Other County / Community Agency |
| 13 = Homeless Shelter | 14 = Street Outreach |
| 15 = Juvenile Hall/Camp/Ranch/Division of Juvenile Justice | 16 = Jail / Prison |
| 17 = Acute Psychiatric / State Hospital | 18 = Other referred |

## ADMINISTRATIVE INFORMATION VARIABLES

### 4.02    ProviderSiteID

ADMINISTRATIVE INFORMATION: Partnership Status - Provider Number / NPI (Optional);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXX | 10 |

Comments

Valid Codes

0-9, A-Z

### 4.04    ProgramDesc

ADMINISTRATIVE INFORMATION: Partnership Status - Full Service Partnership Program ID (code and program title are provided);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | FSP ProgramID Code, FSP Program Title | 255 |

Comments

Valid Codes

0-9, A-Z

### 4.06    CoordinatorID

ADMINISTRATIVE INFORMATION: Partnership Status - Partnership Service Coordinator ID;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | PSCLastName, PSCFirstName | 25 |

Comments

Valid Codes

0-9, A-Z

### 4.08   AB2034

ADMINISTRATIVE INFORMATION: Program Information - Was the partner involved in the AB2034 program?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner was involved in the AB2034 program;

Valid Codes

1 = Yes (marked)

## ADMINISTRATIVE INFORMATION VARIABLES

## 4.10    GHI

ADMINISTRATIVE INFORMATION: Program Information - In which additional program is the partner currently involved? Governor's Homeless Initiative (GHI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner is currently involved in the Governor's Homeless Initiative (GHI) Program;

Valid Codes

1 = Yes (marked)

## 4.12    MHSA

ADMINISTRATIVE INFORMATION: Program Information - In which additional program is the partner currently involved? MHSA Housing Program;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner is currently involved in the MHSA Housing Program;

Valid Codes

1 = Yes (marked)

## RESIDENTIAL VARIABLES
## 5.02    Current

RESIDENTIAL INFORMATION: General Living Arrangement (TONIGHT);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

Indicates which setting the partner is living "TONIGHT": 1 =With one or both biological / adoptive parents; 2 =With adult family member(s) other than parents  (Adult and Older Adult forms),  =With adult family member(s) other than parents – non-foster care (Child and TAY forms); 3 =In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage; 4 =Foster Home (with relative); 5 =Foster Home (with non-relative); 6 =Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent); 7 =Homeless (includes people living in their cars); 8 =Acute Medical Hospital; 9 =Acute Psychiatric Hospital / Psychiatric Health Facility (PHF); 10 =State Psychiatric Hospital; 11 =Group Home (Level 0-11); 12 =Group Home (Level 12-14); 13 =Community Treatment Facility; 14 =Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs); 15 =Juvenile Hall / Camp / Ranch; 16 =Division of Juvenile Justice; 17 =Other; 18 =Unknown; 19 =Single Room Occupancy (must hold lease); 20 =Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants); 21 =Unlicensed but supervised congregate placement (includes group living homes, sober living homes); 22 =Licensed Community Care Facility (Board and Care); 23 =Skilled Nursing Facility (physical); 24 =Skilled Nursing Facility (psychiatric); 25 =Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]; 26 =Prison; 27 =Jail; 28 =Assisted Living Facility;

Valid Codes

| | |
|---|---|
| 1 = With Parents | 2 = With Other Family |
| 3 = Apartment Alone | 4 = Foster Home Relative |
| 5 = Foster Home Non-relative | 6 = Emergency Shelter |
| 7 = Homeless | 8 = Medical Hospital |
| 9 = Psychiatric Hospital | 10 = State Psychiatric |
| 11 = Group Home 0-11 | 12 = Group Home 12-14 |
| 13 = Community Treatment | 14 = Residential Treatment |
| 15 = Juvenile Hall / Camp | 16 = DJJ |
| 17 = Other Setting | 18 = Unknown Setting |
| 19 = Single Room Occupancy | 20 = Individual Placement |
| 21 = Congregate Placement | 22 = Community Care |
| 23 = Nursing Physical | 24 = Nursing Psychiatric |
| 25 = Long-Term Care | 26 = Prison |
| 27 = Jail | 28 = Assisted Living |

## RESIDENTIAL VARIABLES

## 5.03 Yesterday

RESIDENTIAL INFORMATION: General Living Arrangement (YESTERDAY);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

Indicates which setting the partner is living "YESTERDAY": 1 =With one or both biological / adoptive parents; 2 =With adult family member(s) other than parents (Adult and Older Adult forms); =With adult family member(s) other than parents – non-foster care (Child and TAY forms); 3 =In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage; 4 =Foster Home (with relative); 5 =Foster Home (with non-relative); 6 =Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent); 7 =Homeless (includes people living in their cars); 8 =Acute Medical Hospital; 9 =Acute Psychiatric Hospital / Psychiatric Health Facility (PHF); 10 =State Psychiatric Hospital; 11 =Group Home (Level 0-11); 12 =Group Home (Level 12-14); 13 =Community Treatment Facility; 14 =Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs); 15 =Juvenile Hall / Camp / Ranch; 16 =Division of Juvenile Justice; 17 =Other; 18 =Unknown; 19 =Single Room Occupancy (must hold lease); 20 =Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants); 21 =Unlicensed but supervised congregate placement (includes group living homes, sober living homes); 22 =Licensed Community Care Facility (Board and Care); 23 =Skilled Nursing Facility (physical); 24 =Skilled Nursing Facility (psychiatric); 25 =Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]; 26 =Prison; 27 =Jail; 28 =Assisted Living Facility;

Valid Codes

| | |
|---|---|
| 1 = With Parents | 2 = With Other Family |
| 3 = Apartment Alone | 4 = Foster Home Relative |
| 5 = Foster Home Non-relative | 6 = Emergency Shelter |
| 7 = Homeless | 8 = Medical Hospital |
| 9 = Psychiatric Hospital | 10 = State Psychiatric |
| 11 = Group Home 0-11 | 12 = Group Home 12-14 |
| 13 = Community Treatment | 14 = Residential Treatment |
| 15 = Juvenile Hall / Camp | 16 = DJJ |
| 17 = Other Setting | 18 = Unknown Setting |
| 19 = Single Room Occupancy | 20 = Individual Placement |
| 21 = Congregate Placement | 22 = Community Care |
| 23 = Nursing Physical | 24 = Nursing Psychiatric |
| 25 = Long-Term Care | 26 = Prison |
| 27 = Jail | 28 = Assisted Living |

**RESIDENTIAL VARIABLES**

## 5.04    ApartmentAlone_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.05    ApartmentAlone_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.06    ApartmentAlone_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

## RESIDENTIAL VARIABLES
## 5.07    WithParents_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - With one or both biological / adoptive parents;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.08    WithParents_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - With one or both biological / adoptive parents;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.09    WithParents_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - With one or both biological / adoptive parents;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

**RESIDENTIAL VARIABLES**

## 5.10    WithOtherFamily_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - With adult family member(s) other than parents / non-foster care;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.11    WithOtherFamily_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - With adult family member(s) other than parents / non-foster care;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.12    WithOtherFamily_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - With adult family member(s) other than parents / non-foster care;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

## RESIDENTIAL VARIABLES

## 5.13    SingleRoomOccupancy_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - single room occupancy (must hold lease);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.14    SingleRoomOccupancy_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - single room occupancy (must hold lease);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.15    SingleRoomOccupancy_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - single room occupancy (must hold lease);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 5.16    FosterHomeRelative_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## RESIDENTIAL VARIABLES
## 5.17    FosterHomeRelative_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.18    FosterHomeRelative_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.19    FosterHomeNon-relative_PastTwelveOccurences

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with non-relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.20    FosterHomeNon-relative_PastTwelveDays

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with non-relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## RESIDENTIAL VARIABLES

### 5.21    FosterHomeNon-relative_PriorTwelve

RESIDENTIAL INFORMATION: General Living Arrangement - Foster home (with non-relative);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes
1 = Yes (marked)

### 5.22    EmergencyShelter_PastTwelveOccurences

RESIDENTIAL INFORMATION: Shelter / Homeless - Emergency shelter / temporary housing (includes people living with friends but paying no rent);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes
0-999

### 5.23    EmergencyShelter_PastTwelveDays

RESIDENTIAL INFORMATION: Shelter / Homeless - Emergency shelter / temporary housing (includes people living with friends but paying no rent);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes
0-365

**RESIDENTIAL VARIABLES**

## 5.24 EmergencyShelter_PriorTwelve

RESIDENTIAL INFORMATION: Shelter / Homeless - Emergency shelter / temporary housing (includes people living with friends but paying no rent);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

## 5.25 Homeless_PastTwelveOccurences

RESIDENTIAL INFORMATION: Shelter / Homeless - Homeless (includes people living in their cars);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.26 Homeless_PastTwelveDays

RESIDENTIAL INFORMATION: Shelter / Homeless - Homeless (includes people living in their cars);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## RESIDENTIAL VARIABLES
### 5.27    Homeless_PriorTwelve

RESIDENTIAL INFORMATION: Shelter / Homeless - Homeless (includes people living in their cars);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

### 5.28    IndividualPlacement_PastTwelveOccurences

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

### 5.29    IndividualPlacement_PastTwelveDays

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

**RESIDENTIAL VARIABLES**

## 5.30    IndividualPlacement_PriorTwelve

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.31    AssistedLiving_PastTwelveOccurences

RESIDENTIAL INFORMATION: Supervised Placement - Assisted Living;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.32    AssistedLiving_PastTwelveDays

RESIDENTIAL INFORMATION: Supervised Placement - Assisted Living;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.33    AssistedLiving_PriorTwelve

RESIDENTIAL INFORMATION: Supervised Placement - Assisted Living;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

**RESIDENTIAL VARIABLES**

## 5.34   CongregatePlacement_PastTwelveOccurences

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised congregate placement (includes group living homes, sober living homes);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.35   CongregatePlacement_PastTwelveDays

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised congregate placement (includes group living homes, sober living homes);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.36   CongregatePlacement_PriorTwelve

RESIDENTIAL INFORMATION: Supervised Placement - Unlicensed but supervised congregate placement (includes group living homes, sober living homes);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## RESIDENTIAL VARIABLES
## 5.37    CommunityCare_PastTwelveOccurences

RESIDENTIAL INFORMATION: Supervised Placement - Licensed Community Care Facility (Board and Care);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.38    CommunityCare_PastTwelveDays

RESIDENTIAL INFORMATION: Supervised Placement - Licensed Community Care Facility (Board and Care);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.39    CommunityCare_PriorTwelve

RESIDENTIAL INFORMATION: Supervised Placement - Licensed Community Care Facility (Board and Care);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 5.40    MedicalHospital_PastTwelveOccurences

RESIDENTIAL INFORMATION: Hospital - Acute Medical Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

**RESIDENTIAL VARIABLES**

## 5.41    MedicalHospital_PastTwelveDays

RESIDENTIAL INFORMATION: Hospital - Acute Medical Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.42    MedicalHospital_PriorTwelve

RESIDENTIAL INFORMATION: Hospital - Acute Medical Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.43    PsychiatricHospital_PastTwelveOccurences

RESIDENTIAL INFORMATION: Hospital - Acute Psychiatric Hospital / Psychiatric Health Facility (PHF);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

**RESIDENTIAL VARIABLES**

## 5.44    PsychiatricHospital_PastTwelveDays

RESIDENTIAL INFORMATION: Hospital - Acute Psychiatric Hospital / Psychiatric Health Facility (PHF);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.45    PsychiatricHospital_PriorTwelve

RESIDENTIAL INFORMATION: Hospital - Acute Psychiatric Hospital / Psychiatric Health Facility (PHF);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 5.46    StatePsychiatric_PastTwelveOccurences

RESIDENTIAL INFORMATION: Hospital - State Psychiatric Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.47    StatePsychiatric_PastTwelveDays

RESIDENTIAL INFORMATION: Hospital - State Psychiatric Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

**RESIDENTIAL VARIABLES**

## 5.48    StatePsychiatric_PriorTwelve

RESIDENTIAL INFORMATION: Hospital - State Psychiatric Hospital;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.49    GroupHome0-11_PastTwelveOccurences

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 0-11);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.50    GroupHome0-11_PastTwelveDays

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 0-11);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.51    GroupHome0-11_PriorTwelve

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 0-11);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## RESIDENTIAL VARIABLES
### 5.52  GroupHome12-14_PastTwelveOccurences

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 12-14);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

### 5.53  GroupHome12-14_PastTwelveDays

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 12-14);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

### 5.54  GroupHome12-14_PriorTwelve

RESIDENTIAL INFORMATION: Residential Program - Group Home (Level 12-14);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

### 5.55  CommunityTreatment_PastTwelveOccurences

RESIDENTIAL INFORMATION: Residential Program - Community Treatment Facility;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## RESIDENTIAL VARIABLES

### 5.56    CommunityTreatment_PastTwelveDays

RESIDENTIAL INFORMATION: Residential Program - Community Treatment Facility;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes
0-365

### 5.57    CommunityTreatment_PriorTwelve

RESIDENTIAL INFORMATION: Residential Program - Community Treatment Facility;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes
1 = Yes  (marked)

### 5.58    ResidentialTreatment_PastTwelveOccurences

RESIDENTIAL INFORMATION: Residential Program - Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 month;

Valid Codes
0-999

### 5.59    ResidentialTreatment_PastTwelveDays

RESIDENTIAL INFORMATION: Residential Program - Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes
0-365

**RESIDENTIAL VARIABLES**

## 5.60    ResidentialTreatment_PriorTwelve

RESIDENTIAL INFORMATION: Residential Program - Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.61    NursingPsychiatric_PastTwelveOccurences

RESIDENTIAL PROGRAM: Skilled nursing facility (psychiatric);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.62    NursingPsychiatric_PastTwelveDays

RESIDENTIAL PROGRAM: Skilled nursing facility (psychiatric);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

**RESIDENTIAL VARIABLES**
## 5.63    NursingPsychiatric_PriorTwelve

RESIDENTIAL PROGRAM: Skilled nursing facility (psychiatric);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 5.64    NursingPhysical_PastTwelveOccurences

RESIDENTIAL PROGRAM: Skilled nursing facility (physical);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.65    NursingPhysical_PastTwelveDays

RESIDENTIAL PROGRAM: Skilled nursing facility (physical);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.66    NursingPhysical_PriorTwelve

RESIDENTIAL PROGRAM: Skilled nursing facility (physical);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## RESIDENTIAL VARIABLES
## 5.67    Long-TermCare_PastTwelveOccurences

RESIDENTIAL PROGRAM: Long-term institutional care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)];

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.68    Long-TermCare_PastTwelveDays

RESIDENTIAL PROGRAM: Long-term institutional care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)];

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.69    Long-TermCare_PriorTwelve

RESIDENTIAL PROGRAM: Long-term institutional care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)];

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

**RESIDENTIAL VARIABLES**

## 5.70    JuvenileHall/Camp_PastTwelveOccurences

RESIDENTIAL INFORMATION: Justice Placement - Juvenile Hall / Camp / Ranch;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.71    JuvenileHall/Camp_PastTwelveDays

RESIDENTIAL INFORMATION: Justice Placement - Juvenile Hall / Camp / Ranch;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.72    JuvenileHall/Camp_PriorTwelve

RESIDENTIAL INFORMATION: Justice Placement - Juvenile Hall / Camp / Ranch;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.73    DJJ_PastTwelveOccurences

RESIDENTIAL INFORMATION: Justice Placement - Division of Juvenile Justice;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## RESIDENTIAL VARIABLES
## 5.74   DJJ_PastTwelveDays

RESIDENTIAL INFORMATION: Justice Placement - Division of Juvenile Justice;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.75   DJJ_PriorTwelve

RESIDENTIAL INFORMATION: Justice Placement - Division of Juvenile Justice;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.76   Jail_PastTwelveOccurences

RESIDENTIAL INFORMATION: Justice Placement – Jail;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.77   Jail_PastTwelveDays

RESIDENTIAL INFORMATION: Justice Placement – Jail;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## RESIDENTIAL VARIABLES
## 5.78    Jail_PriorTwelve

RESIDENTIAL INFORMATION: Justice Placement – Jail;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

## 5.79    Prison_PastTwelveOccurences

RESIDENTIAL INFORMATION: Justice Placement – Prison;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.80    Prison_PastTwelveDays

RESIDENTIAL INFORMATION: Justice Placement – Prison;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.81    Prison_PriorTwelve

RESIDENTIAL INFORMATION: Justice Placement – Prison;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

**RESIDENTIAL VARIABLES**

## 5.82    OtherSetting_PastTwelveOccurences

RESIDENTIAL PROGRAM: Other – Other;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;
Valid Codes
0-999

## 5.83    OtherSetting_PastTwelveDays

RESIDENTIAL PROGRAM: Other – Other;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments
Indicates the number of DAYS the partner has been living in this setting during the past 12 months;
Valid Codes
0-365

## 5.84    OtherSetting_PriorTwelve

RESIDENTIAL PROGRAM: Other – Other;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;
Valid Codes
1 = Yes  (marked)

**RESIDENTIAL VARIABLES**

## 5.85  UnknownSetting_PastTwelveOccurences

RESIDENTIAL INFORMATION: Other – Unknown;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of OCCURRENCES the partner has been living in this setting during the past 12 months;

Valid Codes

0-999

## 5.86  UnknownSetting_PastTwelveDays

RESIDENTIAL INFORMATION: Other – Unknown;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXX | 3 |

Comments

Indicates the number of DAYS the partner has been living in this setting during the past 12 months;

Valid Codes

0-365

## 5.87  UnknownSetting_PriorTwelve

RESIDENTIAL INFORMATION: Other – Unknown;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner has lived in this setting any time PRIOR TO THE LAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

## EDUCATION VARIABLES
### 6.02    HighestGrade

EDUCATION: Highest level of education completed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments
Valid Codes

| | |
|---|---|
| 01 = Day Care | 02 = Preschool |
| 03 = Kindergarten | 04 = 1st  grade |
| 05 = 2nd grade | 06 = 3rd grade |
| 07 = 4th grade | 08 = 5th grade |
| 09 = 6th grade | 10 = 7th grade |
| 11 = 8th grade | 12 = 9th grade |
| 13 = 10th grade | 14 = 11th grade |
| 15 = 12th grade | 16 = GED coursework |

17 = Diploma
18 = Some college / Some technical or Vocational Training
19 = Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

| | |
|---|---|
| 20 = No High School Diploma / No GED | 22 = Bachelor's Degree (e.g., B.A., B.S.) |
| 24 = Master's Degree (e.g., M.A., M.S.) | 26 = Doctoral Degree (e.g., M.D., Ph.D.) |

27 = Level Unknown

### 6.03    EmotionalDisturbance

EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

### 6.04    AnotherReason

EDUCATION: Is the partner CURRENTLY receiving special education due to another reason?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

## EDUCATION VARIABLES
## 6.05 AttendancePast12

EDUCATION: Estimate the partner's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Text | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 1 = Always attends school (never truant) | 2 = Attends school most of the time |
| 3 = Sometimes attends school | 4 = Infrequently attends school |
| 5 = Never attends school | |

## 6.06 AttendanceCurr

EDUCATION: Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 1 = Always attends school (never truant) | 2 = Attends school most of the time |
| 3 = Sometimes attends school | 4 = Infrequently attends school |
| 5 = Never attends school | |

## 6.07 GradesCurr

EDUCATION: CURRENTLY, his/her grades are:

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Very Good | 2 = Good |
| 3 = Average | 4 = Below Average |
| 5 = Poor | |

## EDUCATION VARIABLES
### 6.08    GradesPast12

EDUCATION: DURING THE PAST 12 MONTHS, his/her grades were:

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Very Good | 2 = Good |
| 3 = Average | 4 = Below Average |
| 5 = Poor | |

### 6.09    SuspensionPast12

EDUCATION: DURING THE PAST 12 MONTHS, how many times has s/he been suspended?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Number | XX | 2 |

Comments
Valid Codes
0-99

### 6.11    ExpulsionPast12

EDUCATION: DURING THE PAST 12 MONTHS, how many times has s/he been expelled?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY | Number | XX | 2 |

Comments
Valid Codes
0-99

### 6.14    NotinschoolPast12

EDUCATION: Not is school of any kind;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

**EDUCATION VARIABLES**

## 6.15    NotinschoolCurr

EDUCATION: Not in school of any kind;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## 6.16    HighSchoolPast12

EDUCATION: High School / Adult Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

## 6.17    HighSchoolCurr

EDUCATION: High School / Adult Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## 6.18    TechnicalPast12

EDUCATION: Technical / Vocational School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

## EDUCATION VARIABLES
### 6.19    TechnicalCurr

EDUCATION: Technical / Vocational School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

### 6.20    CommunityCollegePast12

EDUCATION: Community College / 4 Year College;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

### 6.21    CommunityCollegeCurr

EDUCATION: Community College / 4 Year College;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

**EDUCATION VARIABLES**

## 6.22    GraduatePast12

EDUCATION: Graduate School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XX | 1 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

## 6.23    GraduateCurr

EDUCATION: Graduate School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## 6.24    OtherEducationPast12

EDUCATION: Other Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this educational setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

## 6.25    OtherEducationCurr

EDUCATION: Other Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

**EDUCATION VARIABLES**

## 6.27   EdRecoveryGoals

EDUCATION: Does one of the partner's recovery goals include any kind of education at this time?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

**EMPLOYMENT VARIABLES**

## 7.01 Past12_Competitive

EMPLOYMENT: Competitive Employment: Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes
0-52

## 7.02 Past12_CompetitiveAvgHrWeek

EMPLOYMENT: Competitive Employment: Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes
0-99

## 7.03 Past12_CompetitiveAvgHrWage

EMPLOYMENT: Competitive Employment: Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments
Average hourly wage the partner earned in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes
0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.04    Past12_Supported

EMPLOYMENT: Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

## 7.05    Past12_SupportedAvgHrWeek

EMPLOYMENT: Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;
Valid Codes
0-99

## 7.06    Past12_SupportedAvgHrWage

EMPLOYMENT: Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments
Average hourly wage the partner earned in this employment setting DURING THE PAST 12 MONTHS;
Valid Codes
0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.07 Past12_Transitional

EMPLOYMENT: Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-52

## 7.08 Past12_TransitionalAvgHrWeek

EMPLOYMENT: Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-99

## 7.09 Past12_TransitionalAvgHrWage

EMPLOYMENT: Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner earned in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.10    Past12_In-House

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business); Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-52

## 7.11    Past12_In-HouseAvgHrWeek

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business); Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-99

## 7.12    Past12_In-HouseAvgHrWage

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business); Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner earned in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.13    Past12_Non-paid

EMPLOYMENT: Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-52

## 7.14    Past12_Non-paidAvgHrWeek

EMPLOYMENT: Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-99

## 7.15    Past12_OtherEmployment

EMPLOYMENT: Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Number of weeks the partner was in this employment setting DURING THE PAST 12 MONTHS;

Valid Codes

0-52

**EMPLOYMENT VARIABLES**

## 7.16    Past12_OtherEmploymentAvgHrWeek

EMPLOYMENT: Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Average hours per week the partner spent in this employment setting DURING THE PAST 12 MONTHS;
Valid Codes
0-99

## 7.17    Past12_OtherEmploymentAvgHrWage

EMPLOYMENT: Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments
Average hourly wage the partner earned in this employment setting DURING THE PAST 12 MONTHS;
Valid Codes
0-999999, Leave blank if no answer

## 7.18    Past12_Unemployed

EMPLOYMENT: Unemployed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Number of weeks the partner was unemployed setting DURING THE PAST 12 MONTHS;
Valid Codes
0-52

**EMPLOYMENT VARIABLES**

## 7.20    Current_CompetitiveAvgHrWeek

EMPLOYMENT: Competitive Employment - Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.21    Current_CompetitiveAvgHrWage

EMPLOYMENT: Competitive Employment - Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

## 7.22    Current_SupportedAvgHrWeek

EMPLOYMENT: Supported Employment - Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

**EMPLOYMENT VARIABLES**

## 7.23   Current_SupportedAvgHrWage

EMPLOYMENT: Supported Employment - Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

## 7.24   Current_TransitionalAvgHrWeek

EMPLOYMENT: Transitional Employment / Enclave - Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.25   Current_TransitionalAvgHrWage

EMPLOYMENT: Transitional Employment / Enclave - Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.26    Current_In-HouseAvgHrWeek

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business) - Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.27    Current_In-HouseAvgHrWage

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business) - Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

## 7.28    Current_Non-paidAvgHrWeek

EMPLOYMENT: Non-paid (Volunteer) Work Experience - Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## EMPLOYMENT VARIABLES

### 7.29    Current_OtherEmploymentAvgHrWeek

EMPLOYMENT: Other Gainful / Employment Activity - Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

### 7.30    Current_OtherEmploymentAvgHrWage

EMPLOYMENT: Other Gainful / Employment Activity - Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

### 7.31    Current_Unemployed

EMPLOYMENT: The partner is not employed at this time;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner is CURRENTLY unemployed;

Valid Codes

1 = Yes  (marked)

### 7.32    EmpRecoveryGoals

EMPLOYMENT: Does one of the partner's recovery goals include any kind of employment at this time?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Valid Codes

0 = No                                            1 = Yes

**FINANCIAL VARIABLES**

## 8.01   Caregivers_Past12

SOURCES OF FINANCIAL SUPPORT: Caregiver's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes  (marked)

## 8.02   Caregivers_Curr

SOURCES OF FINANCIAL SUPPORT: Caregiver's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes  (marked)

## 8.03   Wages_Past12

SOURCES OF FINANCIAL SUPPORT: Partner's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 8.04   Wages_Curr

SOURCES OF FINANCIAL SUPPORT: Partner's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicate if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.05    Spouse_Past12

SOURCES OF FINANCIAL SUPPORT: Partner's Spouse / Significant Other's wages;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.06    Spouse_Curr

SOURCES OF FINANCIAL SUPPORT: Partner's Spouse / Significant Other's wages;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.07    Savings_Past12

SOURCES OF FINANCIAL SUPPORT: Savings;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.08    Savings_Curr

SOURCES OF FINANCIAL SUPPORT: Savings;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.09   ChildSupport_Past12

SOURCES OF FINANCIAL SUPPORT: Child Support;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.10   ChildSupport_Curr

SOURCES OF FINANCIAL SUPPORT: Child Support;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.11   OtherFamily_Past12

SOURCES OF FINANCIAL SUPPORT: Other family member / friends;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.12   OtherFamily_Curr

SOURCES OF FINANCIAL SUPPORT: Other family member / friends;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.13 Retirement_Past12

SOURCES OF FINANCIAL SUPPORT: Retirement / Social Security Income;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 8.14 Retirement_Curr

SOURCES OF FINANCIAL SUPPORT: Retirement / Social Security Income;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

## 8.15 Veterans_Past12

SOURCES OF FINANCIAL SUPPORT: Veterans Assistance Benefits;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 8.16 Veterans_Curr

SOURCES OF FINANCIAL SUPPORT: Veterans Assistance Benefits;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.17    Loan_Past12

SOURCES OF FINANCIAL SUPPORT: Loans / Credit;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

## 8.18    Loan_Curr

SOURCES OF FINANCIAL SUPPORT: Loans / Credit;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

## 8.19    Housing_Past12

SOURCES OF FINANCIAL SUPPORT: Housing Subsidy;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes

1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.20    Housing_Curr

SOURCES OF FINANCIAL SUPPORT: Housing Subsidy;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.21    General_Past12

SOURCES OF FINANCIAL SUPPORT: General Relief / General Assistance;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.22    General_Curr

SOURCES OF FINANCIAL SUPPORT: General Relief / General Assistance;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.23    FoodStamps_Past12

SOURCES OF FINANCIAL SUPPORT: Food Stamps;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.24    FoodStamps_Curr

SOURCES OF FINANCIAL SUPPORT: Food Stamps;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.25    TANF_Past12

SOURCES OF FINANCIAL SUPPORT: Temporary Assistance for needy families (TANF);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.26    TANF_Curr

SOURCES OF FINANCIAL SUPPORT: Temporary Assistance for needy families (TANF);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.27 SSI_Past12

SOURCES OF FINANCIAL SUPPORT: Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes
1 = Yes (marked)

## 8.28 SSI_Curr

SOURCES OF FINANCIAL SUPPORT: Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes
1 = Yes (marked)

## 8.29 SSDI_Past12

SOURCES OF FINANCIAL SUPPORT: Social Security Disability Insurance (SSDI);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;

Valid Codes
1 = Yes (marked)

## 8.30 SSDI_Curr

SOURCES OF FINANCIAL SUPPORT: Social Security Disability Insurance (SSDI);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.31 SDI_Past12

SOURCES OF FINANCIAL SUPPORT: State Disability Insurance (SDI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicate if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.32 SDI_Curr

SOURCES OF FINANCIAL SUPPORT: State Disability Insurance (SDI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.33 TribalBenefits_Past12

SOURCES OF FINANCIAL SUPPORT: American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.34    TribalBenefits_Curr

SOURCES OF FINANCIAL SUPPORT: American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.35    OtherSupport_Past12

SOURCES OF FINANCIAL SUPPORT: Other;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received this type of financial support DURING THE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

## 8.36    OtherSupport_Curr

SOURCES OF FINANCIAL SUPPORT: Other;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.37    NoSupport_Past12

SOURCES OF FINANCIAL SUPPORT: No financial support of any kind for the entire past 12 months;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner received no financial support DURING THE ENTIRE PAST 12 MONTHS;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.38  NoSupport_Curr

SOURCES OF FINANCIAL SUPPORT: No financial support;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates the partner CURRENTLY receives no financial support;

Valid Codes

1 = Yes (marked)

## LEGAL ISSUES / DESIGNATIONS VARIABLES

## 9.02    ArrestPast12

LEGAL ISSUES / DESIGNATIONS: Arrest Information - Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

## 9.03    ArrestPrior12

LEGAL ISSUES / DESIGNATIONS: Arrest Information: Was the partner arrested any time PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                     1 = Yes

## 9.05    ProbationStatus

LEGAL ISSUES / DESIGNATIONS: Probation Information: Is the partner CURRENTLY on probation?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                     1 = Yes

## 9.07    ProbPast12

LEGAL ISSUES / DESIGNATIONS: Probation Information: Was the partner on probation DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                     1 = Yes

## LEGAL ISSUES / DESIGNATIONS VARIABLES
### 9.08    ProbPrior12

LEGAL ISSUES / DESIGNATIONS: Probation Information: Was the partner on probation any time PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | | 1 = Yes |

### 9.09    ParoleStatus

LEGAL ISSUES / DESIGNATIONS: Parole Information: Is the partner CURRENTLY on parole from the Division of Juvenile Justice?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | | 1 = Yes |

### 9.12    ParolePast12

LEGAL ISSUES / DESIGNATIONS: Parole Information: Was the partner on any kind of parole DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | | 1 = Yes |

### 9.13    ParolePrior12

LEGAL ISSUES / DESIGNATIONS: Parole Information: Was the partner on any kind of parole PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | | 1 = Yes |

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.14    ConservaStatus

LEGAL ISSUES / DESIGNATIONS: Conservatorship / Payee Information: Is the partner CURRENTLY on conservatorship?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

### 9.17    ConservPast12

LEGAL ISSUES / DESIGNATIONS: Conservatorship / Payee Information: Was the partner on conservatorship DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

### 9.18    ConservPrior12

LEGAL ISSUES / DESIGNATIONS: Conservatorship / Payee Information: Was the partner on conservatorship any time PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

### 9.19    PayeeStatus

LEGAL ISSUES / DESIGNATIONS: Payee Information: Does the partner CURRENTLY have a payee?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

## LEGAL ISSUES / DESIGNATIONS VARIABLES
### 9.22    PayeePast12

LEGAL ISSUES / DESIGNATIONS: Payee Information: Did the partner have a payee DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 9.23    PayeePrior12

LEGAL ISSUES / DESIGNATIONS: Payee Information: Did the partner have a payee any time PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 9.25    WICodeStatus

LEGAL ISSUES / DESIGNATIONS: Dependent (W&I Code 300 Status) Information: Is the partner CURRENTLY a dependent of the court?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 9.27    DepenPast12

LEGAL ISSUES / DESIGNATIONS: Dependent (W&I Code 300 Status) Information - Was the partner a dependent of the court DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.28    DepenPrior12

LEGAL ISSUES / DESIGNATIONS: Dependent (W&I Code 300 Status) Information - Was the partner a dependent of the court any time PRIOR TO THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Text | X | 1 |

Comments
Valid Codes
0 = No                                        1 = Yes

### 9.29    DepenYear

LEGAL ISSUES / DESIGNATIONS: Dependent (W&I Code 300 Status) Information - Indicate the year the partner was first placed on W&I Code 300 status (if the partner was ever a dependent of the court);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY | Number | XXXX | 4 |

Comments
Valid Codes

### 9.30    Dependent

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicates the number of children the partner has who are CURRENTLY placed on W&I Code 300 status (dependent of the court);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

### 9.31    Foster

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicates the number of children the partner has who are CURRENTLY placed in foster care;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.32    Reunified

LEGAL ISSUES / DESIGNATIONS: Custody Information: Indicates the number of children the partner has who are CURRENTLY legally reunified with the partner;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

### 9.33    Adopted

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicate the number of children the partner has who are CURRENTLY adopted out;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

**EMERGENCY INTERVENTION VARIABLES**

## 10.01   PhyRelated

EMERGENCY INTERVENTION: Physical Health Related;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Indicates the number of Physical Health Related emergency interventions the partner had DURING THE PAST 12 MONTHS;

Valid Codes

0-99

## 10.02   MenRelated

EMERGENCY INTERVENTION: Mental Health / Substance Abuse Related;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Indicates the number of Mental Health / Substance Abuse Related emergency interventions the partner had DURING THE PAST 12 MONTHS;

Valid Codes

0-99

## HEALTH STATUS VARIABLES

### 11.01   PhysicianCurr

HEALTH STATUS: Does the partner have a primary care physician CURRENTLY?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

### 11.02   PhysicianPast12

HEALTH STATUS: Did the partner have a primary care physician DURING THE PAST 12 MONTHS?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Valid Codes

| | |
|---|---|
| 0 = No | 1 = Yes |

## SUBSTANCE ABUSE VARIABLES

### 12.01 MentalIllness

SUBSTANCE ABUSE: In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance abuse problem?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 12.02 ActiveProblem

SUBSTANCE ABUSE: In the opinion of the partnership service coordinator, does the partner CURRENTLY have a co-occurring mental illness and substance abuse problem?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 12.03 AbuseServices

SUBSTANCE ABUSE: Is the partner CURRENTLY receiving substance abuse services?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

## ADL VARIABLES

### 13.01  Bathing

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Bathing - either sponge bath, tub bath or shower;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Receives no assistance
2 = Receives assistance in bathing only one part of the body
3 = Receives assistance in bathing more than one part of the body (or not bathed)

### 13.02  Dressing

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Gets clothes and gets completely dressed without assistance
2 = Gets clothes and gets dressed without assistance, except for assistance in tying shoes
3 = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

### 13.03  Toileting

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Toileting;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Goes to 'toilet room,' cleans self, and arranges clothes without assistance
2 = Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
3 = Doesn't go to room termed 'toilet' for the elimination process

**ADL VARIABLES**

## 13.04  Transfer

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Transfer;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Moves in and out of bed as well as in and out of chair without assistance
2 = Moves in and out of bed or chair with assistance
3 = Doesn't get out of bed

## 13.05  Continence

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Continence;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Controls urination and bowel movement completely by self
2 = Has occasional 'accidents'
3 = Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

## 13.06  Feeding

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Feeding;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Feeds self without assistance
2 = Feeds self except for getting assistance in cutting meat or buttering bread
3 = Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

**ADL VARIABLES**

## 13.07   Walking

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Walking;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Walks on level without assistance
2 = Walks without assistance but uses single, straight cane
3 = Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
4 = Walks with assistance
5 = Uses wheelchair only
6 = Not walking or using wheelchair

## 13.08   HouseConfinement

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): House-Confinement;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Has been outside of residence on 3 or more days during the past 2 weeks
2 = Has been outside of residence on only 1 or 2 days during the past 2 weeks
3 = Has not been outside of residence in past 2 weeks

## IADL VARIABLES
### 14.01   Telephone

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner use the telephone?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.02   WalkingDistance

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner get to places out of walking distance?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.03   Groceries

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner go shopping for groceries?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.04   Meals

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner prepare his/her own meals?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

## IADL VARIABLES

### 14.05  Housework

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own housework?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.06  Handyman

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own handyman work?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.07  Laundry

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own laundry?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

## IADL VARIABLES

## 14.08  Medication

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): If the partner takes medication (or if the partner had to take medication) could she/he take it on his/her own?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments
For this area of functioning, select the description that best applies;

Valid Codes

1 = Without Help                                 2 = With Some Help
3 = Completely Unable to Do

## 14.09  Money

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner manage his/her own money?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments
For this area of functioning, select the description that best applies;

Valid Codes

1 = Without Help                                 2 = With Some Help
3 = Completely Unable to Do

## COUNTY USE VARIABLES

### 15.02  KETCntyUse1

COUNTY USE QUESTIONS: KET County Use Field # 1;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

### 15.04  KETCntyUse2

COUNTY USE QUESTIONS: KET County Use Field # 2;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

### 15.06  KETCntyUse3

COUNTY USE QUESTIONS: KET County Use Field # 3;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

### 15.07  QtrlyCntyUse1

COUNTY USE QUESTIONS: Quarterly County Use Field # 1;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

**COUNTY USE VARIABLES**
## 15.08   QtrlyCntyUse2

COUNTY USE QUESTIONS: Quarterly County Use Field # 2;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Valid Codes

n/a

## 15.09   QtrlyCntyUse3

COUNTY USE QUESTIONS: Quarterly County Use Field # 3;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Valid Codes

n/a

# CROSSWALK from KET Forms to Variable Identifying Numbers

# Child/Youth KET Crosswalk

CHILD KET
5/1/07

**FULL SERVICE PARTNERSHIP**
Child / Youth Key Event Tracking Form
FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | **3.01 - p.172** | * |
| CSI County Client Number (CCN) | **3.02 - p.172** | |
| County Partner ID (optional) | **3.03 - p.172** | |
| Partner's First Name | **3.04 - p.173** | * |
| Partner's Last Name | **3.04 - p.173** | * |
| Date Completed (mm/dd/yyyy) | **3.05 - p.173** | * |
| Partner's Date of Birth (mm/dd/yyyy) | **3.07 - p.173** | * |

**CHANGE IN ADMINISTRATIVE INFORMATION** (Skip this section if there are no changes)

**PARTNERSHIP STATUS**

Date of Provider Number Change (mm/dd/yyyy):
/ NPI                                                    4.01 - p.175

NEW Provider Number:
/ NPI                                                    4.02 - p.175

Date of Full Service Partnership Program ID Change
(mm/dd/yyyy):                                            4.03 - p.175

NEW Full Service Partnership Program ID:                 4.04 - p.175

Date of Partnership Service Coordinator Change
(mm/dd/yyyy):                                            4.05 - p.176

NEW Partnership Service Coordinator ID:                  4.06 - p.176

Date of Partnership Status Change (mm/dd/yyyy):          4.13 - p.177

Indicate NEW partnership status:   4.14 - p.177

- ☐ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)

- ☐ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community   4.15 - p.178
services / program, indicate the reason (mark one):

- ☐ Target population criteria are not met.

- ☐ Partner decided to discontinue Full Service Partnership participation after partnership established.

- ☐ Partner moved to another county / service area.

- ☐ After repeated attempts to contact partner, s/he cannot be located.

- ☐ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time (such as State Hospital).

- ☐ Community services / program interrupted – Partner will be placed in JUVENILE HALL / CAMP / RANCH.

- ☐ Community services / program interrupted – Partner will be placed in DIVISION of JUVENILE JUSTICE.

- ☐ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.

- ☐ Partner is deceased.

**RESIDENTIAL INFORMATION** - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):   **5.01 - p.180**

**SETTING**

Indicate the new residential status (mark one):

**GENERAL LIVING ARRANGEMENT**

**5.02 - p.180**

With one or both biological / adoptive parents   ○

With adult family member(s) other than parents – non-foster care   ○

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage   ○

Foster Home (with relative)   ○

Foster Home (with non-relative)   ○

**SHELTER / HOMELESS**

Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)   ○

Homeless (includes people living in their cars)   ○

**HOSPITAL**

Acute Medical Hospital   ○

Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)   ○

State Psychiatric Hospital   ○

**RESIDENTIAL PROGRAM**

Group Home (Level 0-11)   ○

Group Home (Level 12-14)   ○

Community Treatment Facility   ○

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)   ○

**JUSTICE PLACEMENT**

Juvenile Hall / Camp / Ranch   ○

Division of Juvenile Justice   ○

**OTHER**

Other   ○

Unknown   ○

**EDUCATION** (Skip this section if there are no changes)

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion (mm/dd/yyyy):  6.01 - p.181

Level of education completed:  6.02 - p.181

- ○ Day Care      ○ 5th Grade    ○ 12th Grade
- ○ Pre-School    ○ 6th Grade    ○ GED Coursework
- ○ Kindergarten  ○ 7th Grade    ○ High School Diploma / GED
- ○ 1st Grade     ○ 8th Grade    ○ Some College / Some Technical or Vocational Training
- ○ 2nd Grade     ○ 9th Grade    ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ 3rd Grade     ○ 10th Grade   ○ Level Unknown (e.g., child / youth in non-public school)
- ○ 4th Grade     ○ 11th Grade

**SUSPENSION INFORMATION**

Date of Suspension (mm/dd/yyyy):  6.10 - p.181

**EXPULSION INFORMATION**

Date of Expulsion (mm/dd/yyyy):  6.12 - p.182

EMPLOYMENT  (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):  | 7.19 - p.185 |

### CURRENT EMPLOYMENT

| If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported. | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|
| **Competitive Employment:**<br>Paid employment in the community in a position that is also open to individuals without a disability. | 7.20-p.185 | $ 7.21-p.185 |
| **Supported Employment:**<br>Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.22-p.186 | $ 7.23-p.186 |
| **Transitional Employment / Enclave:**<br>Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.24-p.186 | $ 7.25-p.187 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**<br>Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.26-p.187 | $ 7.27-p.187 |
| **Non-paid (Volunteer) Work Experience:**<br>Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.28-p.188 | |
| **Other Gainful / Employment Activity:**<br>Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.29-p.188 | $ 7.30-p.188 |

The partner is not employed at this time.  ☐  7.31 - p.189

Does one of the partner's current recovery goals include any kind of employment at this time?  ○ Yes  ○ No  7.32 - p.189

LEGAL ISSUES / DESIGNATIONS   (Skip this section if there are no changes)

**ARREST INFORMATION**
Date Partner Arrested (mm/dd/yyyy):                    9.01 - p.190

**PROBATION INFORMATION**
Date of Probation Status Change (mm/dd/yyyy):          9.04 - p.190

Indicate new probation status:        9.06 - p.190       ○ Removed from Probation

                                                         ○ Placed on Probation

**PAROLE INFORMATION**
Date of Division of Juvenile Justice Parole Status Change
(mm/dd/yyyy):                                          9.10 - p.190

Indicate new Division of Juvenile Justice parole status: **9.11 - p.191**   ○ Removed from Division of Juvenile Justice Parole

                                                         ○ Placed on Division of Juvenile Justice Parole

**CONSERVATORSHIP INFORMATION**
Date of Conservatorship Status Change (mm/dd/yyyy):    9.15 - p.191

Indicate new conservatorship status:    9.16 - p.191    ○ Removed from conservatorship

                                                         ○ Placed on conservatorship

**PAYEE INFORMATION**
Date of Payee Status Change (mm/dd/yyyy):             9.20 - p.191

Indicate new payee status:        9.21 - p.192          ○ Removed from payee status

                                                         ○ Placed on payee status

**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**
Date of W & I Code 300 Status Change (mm/dd/yyyy):    9.24 - p.192

Indicate new W & I Code 300 status:    9.26 - p.192     ○ Removed from W & I Code 300 status

                                                         ○ Placed on W & I Code 300 status

EMERGENCY INTERVENTION   (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):          10.03 - p.193

Indicate the type of emergency intervention: (e.g., emergency room   ○ Physical Health Related
visit, crisis stabilization unit)

                            10.04 - p.193              ○ Mental Health / Substance Abuse
                                                         Related

COUNTY USE QUESTIONS   (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
|---|---|---|
| County Use Field # 1 | 15.01 - p.194 | 15.02 - p.194 |
| County Use Field # 2 | 15.03 - p.194 | 15.04 - p.194 |
| County Use Field # 3 | 15.05 - p.195 | 15.06 - p.195 |

**TAY KET Crosswalk**

TAY KET
5/1/07

**FULL SERVICE PARTNERSHIP**
Transition Age Youth Key Event Tracking Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 – p.172 | * |
| CSI County Client Number (CCN) | 3.02 – p.172 | |
| County Partner ID (optional) | 3.03 – p.172 | |
| Partner's First Name | 3.04 – p.173 | * |
| Partner's Last Name | 3.04 – p.173 | * |
| Date Completed (mm/dd/yyyy) | 3.05 – p.173 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 – p.173 | * |

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

**PARTNERSHIP STATUS**

Date of Provider Number Change (mm/dd/yyyy):
/ NPI

4.01 - p.175

NEW Provider Number:
/ NPI

4.02 - p.175

Date of Full Service Partnership Program ID Change (mm/dd/yyyy):

4.03 - p.175

NEW Full Service Partnership Program ID:

4.04 - p.175

Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):

4.05 - p.176

NEW Partnership Service Coordinator ID:

4.06 - p.176

Date of Partnership Status Change (mm/dd/yyyy):

4.13 - p.177

Indicate NEW partnership status:  4.14 - p.177

○ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)

○ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):  4.15 - p.178

○ Target population criteria are not met.

○ Partner decided to discontinue Full Service Partnership participation after partnership established.

○ Partner moved to another county / service area.

○ After repeated attempts to contact partner, s/he cannot be located.

○ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].

○ Community services / program interrupted – Partner will be placed in JUVENILE HALL / CAMP / RANCH.

○ Community services / program interrupted – Partner will be placed in DIVISION of JUVENILE JUSTICE.

○ Community services / program interrupted – Partner will be serving JAIL sentence.

○ Community services / program interrupted – Partner will be serving PRISON sentence.

○ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.

○ Partner is deceased.

**PROGRAM INFORMATION**

| Program Name | Date of Program Change (mm/dd/yyyy) | Currently Involved? |
|---|---|---|
| AB2034 | 4.07 - p.176 | ○ Now enrolled in the AB2034 Program   **4.16 - p.178**<br>○ No longer participating in the AB2034 Program |
| Governor's Homeless Initiative (GHI) | 4.09 - p.176 | ○ Now enrolled in the GHI Program   **4.17 - p.179**<br>○ No longer participating in the GHI Program |
| MHSA Housing Program | 4.11 - p.177 | ○ Now enrolled in the MHSA Housing Program<br>○ No longer participating in the MHSA Housing Program   **4.18 - p.179** |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):      5.01 - p.180

**SETTING**                                          Indicate the new residential status (mark one):

**GENERAL LIVING ARRANGEMENT**                                    5.02 - p.180

With one or both biological / adoptive parents

With adult family member(s) other than parents – non-foster care

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage

Single Room Occupancy (must hold lease)

Foster Home (with relative)

Foster Home (with non-relative)

**SHELTER / HOMELESS**

Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)

Homeless (includes people living in their cars)

**SUPERVISED PLACEMENT**

Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)

Unlicensed but supervised congregate placement (includes group living homes, sober living homes)

Licensed Community Care Facility (Board and Care)

**HOSPITAL**

Acute Medical Hospital

Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)

State Psychiatric Hospital

**RESIDENTIAL PROGRAM**

Group Home (Level 0-11)

Group Home (Level 12-14)

Community Treatment Facility

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)

Skilled Nursing Facility (physical)

Skilled Nursing Facility (psychiatric)

Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]

**JUSTICE PLACEMENT**

Juvenile Hall / Camp / Ranch

Division of Juvenile Justice

Jail

RESIDENTIAL INFORMATION - includes hospitalization and incarceration Continued.

| OTHER | |
|---|---|
| Other | 5.02 - p.180 |
| Unknown | |

EDUCATION  (Skip this section if there are no changes)

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion (mm/dd/yyyy):  6.01 - p.181

Level of education completed:  6.02 - p.181

- ○ Day Care
- ○ Pre-School
- ○ Kindergarten
- ○ 1st Grade
- ○ 2nd Grade
- ○ 3rd Grade
- ○ 4th Grade
- ○ 5th Grade

- ○ 6th Grade
- ○ 7th Grade
- ○ 8th Grade
- ○ 9th Grade
- ○ 10th Grade
- ○ 11th Grade
- ○ 12th Grade
- ○ GED Coursework

- ○ High School Diploma / GED
- ○ Some College / Some Technical or Vocational Training
- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ Bachelor's Degree (e.g., B.A., B.S.)
- ○ Master's Degree (e.g., M.A., M.S.)
- ○ Doctoral Degree (e.g., M.D., Ph.D.)
- ○ Level Unknown (e.g., youth in non-public school)

**FOR YOUTH WHO ARE <u>REQUIRED</u> BY LAW TO ATTEND SCHOOL:**

**SUSPENSION INFORMATION**

Date of Suspension (mm/dd/yyyy):  6.10 - p.181

**EXPULSION INFORMATION**

Date of Expulsion (mm/dd/yyyy):  6.12 - p.182

**FOR YOUTH WHO ARE <u>NOT</u> REQUIRED BY LAW TO ATTEND SCHOOL:**

**EDUCATIONAL SETTING INFORMATION**

Date of Educational Setting Change (mm/dd/yyyy):  6.13 - p.182

If there are any educational setting changes, indicate ALL new
and ongoing statuses including those previously reported.

| | Setting |
|---|---|
| Not in school of any kind | ☐ 6.15 - p.182 |
| High School / Adult Education | ☐ 6.17 - p.182 |
| Technical / Vocational School | ☐ 6.19 - p.183 |
| Community College / 4 year College | ☐ 6.21 - p.183 |
| Graduate School | ☐ 6.23 - p.183 |
| Other | ☐ 6.25 - p.183 |

If stopping school, did the partner complete a class and/or
program?  ○ Yes ○ No 6.26 - p.184

Does one of the partner's current recovery goals include any
kind of education at this time?  ○ Yes ○ No 6.27 - p.184

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy): 7.19 - p.185

**CURRENT EMPLOYMENT**

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

| | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | 7.20-p.185 | $ 7.21-p.185 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.22-p.186 | $ 7.23-p.186 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.24-p.186 | $ 7.25-p.187 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.26-p.187 | $ 7.27-p.187 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.28-p.188 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.29-p.188 | $ 7.30-p.188 |

The partner is not employed at this time. ☐   7.31 - p.189

Does one of the partner's current recovery goals include any kind of employment at this time?   ○ Yes ○ No   7.32 - p.189

## LEGAL ISSUES / DESIGNATIONS  (Skip this section if there are no changes)

**ARREST INFORMATION**
Date Partner Arrested (mm/dd/yyyy):

9.01 - p.190

**PROBATION INFORMATION**
Date of Probation Status Change (mm/dd/yyyy):

9.04 - p.190

Indicate new probation status:      9.06 - p.190

○ Removed from Probation

○ Placed on Probation

**PAROLE INFORMATION**
Date of Division of Juvenile Justice Parole Status Change (mm/dd/yyyy):

9.10 - p.190

Indicate new Division of Juvenile Justice parole status: 9.11 - p.191

○ Removed from Division of Juvenile Justice Parole

○ Placed on Division of Juvenile Justice Parole

**CONSERVATORSHIP INFORMATION**
Date of Conservatorship Status Change (mm/dd/yyyy):

9.15 - p.191

Indicate new conservatorship status:      9.16 - p.191

○ Removed from conservatorship

○ Placed on conservatorship

**PAYEE INFORMATION**
Date of Payee Status Change (mm/dd/yyyy):

9.20 - p.191

Indicate new payee status:      9.21 - p.192

○ Removed from payee status

○ Placed on payee status

**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**
Date of W & I Code 300 Status Change (mm/dd/yyyy):

9.24 - p.192

Indicate new W & I Code 300 status:      9.26 - p.192

○ Removed from W & I Code 300 status

○ Placed on W & I Code 300 status

## EMERGENCY INTERVENTION  (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

10.03 - p.193

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

10.04 - p.193

○ Physical Health Related

○ Mental Health / Substance Abuse Related

## COUNTY USE QUESTIONS  (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
|---|---|---|
| County Use Field # 1 | 15.01 - p.194 | 15.02 - p.194 |
| County Use Field # 2 | 15.03 - p.194 | 15.04 - p.194 |
| County Use Field # 3 | 15.05 - p.195 | 15.06 - p.195 |

## Adult KET Crosswalk

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

ADULT KET
5/1/07

### PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 - p.172 | * |
| CSI County Client Number (CCN) | 3.02 - p.172 | |
| County Partner ID (optional) | 3.03 - p.172 | |
| Partner's First Name | 3.04 - p.173 | * |
| Partner's Last Name | 3.04 - p.173 | * |
| Date Completed (mm/dd/yyyy) | 3.05 - p.173 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.173 | * |

### CHANGE IN ADMINISTRATIVE INFORMATION  (Skip this section if there are no changes)

**PARTNERSHIP STATUS**

| | |
|---|---|
| Date of Provider Number Change (mm/dd/yyyy): / NPI | 4.01 - p.175 |
| NEW Provider Number: / NPI | 4.02 - p.175 |
| Date of Full Service Partnership Program ID Change (mm/dd/yyyy): | 4.03 - p.175 |
| NEW Full Service Partnership Program ID: | 4.04 - p.175 |
| Date of Partnership Service Coordinator ID Change (mm/dd/yyyy): | 4.05 -p.176 |
| NEW Partnership Service Coordinator ID: | 4.06 - p.176 |

CHANGE IN ADMINISTRATIVE INFORMATION  (Skip this section if there are no changes)  (Continued)

Date of Partnership Status Change (mm/dd/yyyy):

**4.13 - p.177**

Indicate NEW partnership status:     **4.14 - p.177**

○ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)

○ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community     **4.15 - p.178**
services / program, indicate the reason (mark one):

○ Target population criteria are not met.

○ Partner decided to discontinue Full Service Partnership participation after partnership established.

○ Partner moved to another county / service area.

○ After repeated attempts to contact partner, s/he cannot be located.

○ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].

○ Community services / program interrupted – Partner will be serving JAIL sentence.

○ Community services / program interrupted – Partner will be serving PRISON sentence.

○ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.

○ Partner is deceased.

**PROGRAM INFORMATION**

| Program Name | Date of Program Change (mm/dd/yyyy) | Currently Involved? | |
|---|---|---|---|
| AB2034 | **4.07 - p.176** | ○ Now enrolled in the AB2034 Program<br>○ No longer participating in the AB2034 Program | **4.16 - p.178** |
| Governor's Homeless Initiative (GHI) | **4.09 - p.176** | ○ Now enrolled in the GHI Program<br>○ No longer participating in the GHI Program | **4.17 - p.179** |
| MHSA Housing Program | **4.11 - p.177** | ○ Now enrolled in the MHSA Housing Program<br>○ No longer participating in the MHSA Housing Program | **4.18 - p.179** |

**RESIDENTIAL INFORMATION  - includes hospitalization and incarceration** (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):     5.01 - p.180

| SETTING | Indicate the new residential status (mark one): |
|---|---|
| **GENERAL LIVING ARRANGEMENT** | **5.02 - p.180** |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | ○ |
| With one or both biological / adoptive parents | ○ |
| With adult family member(s) other than parents | ○ |
| Single Room Occupancy (must hold lease) | ○ |
| **SHELTER / HOMELESS** | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ○ |
| Homeless (includes people living in their cars) | ○ |
| **SUPERVISED PLACEMENT** | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | ○ |
| Assisted Living Facility | ○ |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ○ |
| Licensed Community Care Facility (Board and Care) | ○ |
| **HOSPITAL** | |
| Acute Medical Hospital | ○ |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ○ |
| State Psychiatric Hospital | ○ |
| **RESIDENTIAL PROGRAM** | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ○ |
| Skilled Nursing Facility (physical) | ○ |
| Skilled Nursing Facility (psychiatric) | ○ |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | ○ |
| **JUSTICE PLACEMENT** | |
| Jail | ○ |
| **OTHER** | |
| Other | ○ |
| Unknown | ○ |

**EDUCATION**  (Skip this section if there are no changes)

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion (mm/dd/yyyy):

6.01 - p.181

Level of education completed:

6.02 - p.181

○ No High School Diploma / No GED

○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

○ GED Coursework

○ Bachelor's Degree (e.g., B.A., B.S.)

○ High School Diploma / GED

○ Master's Degree (e.g., M.A., M.S.)

○ Some College / Some Technical or Vocational Training

○ Doctoral Degree (e.g., M.D., Ph.D.)

**EDUCATIONAL SETTING INFORMATION**

Date of Educational Setting Change (mm/dd/yyyy):

6.13 - p.182

**If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.**

| | Setting | |
|---|---|---|
| Not in school of any kind | ☐ | 6.15 - p.182 |
| High School / Adult Education | ☐ | 6.17 - p.182 |
| Technical / Vocational School | ☐ | 6.19 - p.183 |
| Community College / 4 year College | ☐ | 6.21 - p.183 |
| Graduate School | ☐ | 6.23 - p.183 |
| Other | ☐ | 6.25 - p.183 |

If stopping school, did the partner complete a class and/or program?   ○ Yes  ○ No   6.26 - p.184

Does one of the partner's current recovery goals include any kind of education at this time?   ○ Yes  ○ No   6.27 - p.184

EMPLOYMENT  (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy): | 7.19 - p.185

**CURRENT EMPLOYMENT**

| If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported. | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | 7.20-p.185 | $ 7.21-p.185 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.22-p.186 | $ 7.23-p.186 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.24-p.186 | $ 7.25-p.187 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.26-p.187 | $ 7.27-p.187 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.28-p.188 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.29-p.188 | $ 7.30-p.188 |

The partner is not employed at this time.  ☐  7.31 - p.189

Does one of the partner's current recovery goals include any kind of employment at this time?  ○ Yes  ○ No   7.32 - p.189

## LEGAL ISSUES / DESIGNATIONS  (Skip this section if there are no changes)

**ARREST INFORMATION**

Date Partner Arrested (mm/dd/yyyy):  9.01 - p.190

**PROBATION INFORMATION**

Date of Probation Status Change (mm/dd/yyyy):  9.04 - p.190

Indicate new probation status:  9.06 - p.190
- ○ Removed from Probation
- ○ Placed on Probation

**CONSERVATORSHIP INFORMATION**

Date of Conservatorship Status Change (mm/dd/yyyy):  9.15 - p.191

Indicate new conservatorship status:  9.16 - p.191
- ○ Removed from conservatorship
- ○ Placed on conservatorship

**PAYEE INFORMATION**

Date of Payee Status Change (mm/dd/yyyy):  9.20 - p.191

Indicate new payee status:  9.21 - p.192
- ○ Removed from payee status
- ○ Placed on payee status

## EMERGENCY INTERVENTION  (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):  10.03 - p.193

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)  10.04 - p.193
- ○ Physical Health Related
- ○ Mental Health / Substance Abuse Related

## COUNTY USE QUESTIONS  (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
|---|---|---|
| County Use Field # 1 | 15.01 - p.194 | 15.02 - p.194 |
| County Use Field # 2 | 15.03 - p.194 | 15.04 - p.194 |
| County Use Field # 3 | 15.05 - p.195 | 15.06 - p.195 |

## Older Adult KET Crosswalk

**FULL SERVICE PARTNERSHIP**
Older Adult Key Event Tracking Form
FOR AGES 60+ YEARS

OLDER ADULT KET
5/1/07

PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 - p.172 | * |
| CSI County Client Number (CCN) | 3.02 - p.172 | |
| County Partner ID (optional) | 3.03 - p.172 | |
| Partner's First Name | 3.04 - p.173 | * |
| Partner's Last Name | 3.04 - p.173 | * |
| Date Completed (mm/dd/yyyy) | 3.05 - p.173 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.173 | * |

CHANGE IN ADMINISTRATIVE INFORMATION  (Skip this section if there are no changes)

**PARTNERSHIP STATUS**

Date of Provider Number Change (mm/dd/yyyy):
        / NPI
| 4.01 - p.175 |

NEW Provider Number:
        / NPI
| 4.02 - p.175 |

Date of Full Service Partnership Program ID Change (mm/dd/yyyy):
| 4.03 - p.175 |

NEW Full Service Partnership Program ID:
| 4.04 - p.175 |

Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):
| 4.05 - p.176 |

NEW Partnership Service Coordinator ID:
| 4.06 - p.176 |

Date of Partnership Status Change (mm/dd/yyyy):
| 4.13 - p.177 |

Indicate NEW partnership status:    4.14 - p.177

○ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)

○ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community    4.15 - p.178
services / program, indicate the reason (mark one):

○ Target population criteria are not met.

○ Partner decided to discontinue Full Service Partnership participation after partnership established.

○ Partner moved to another county / service area.

○ After repeated attempts to contact partner, s/he cannot be located.

○ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].

○ Community services / program interrupted – Partner will be serving JAIL sentence.

○ Community services / program interrupted – Partner will be serving PRISON sentence.

○ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.

○ Partner is deceased.

**PROGRAM INFORMATION**

| Program Name | Date of Program Change (mm/dd/yyyy) | Currently Involved? |
|---|---|---|
| AB2034 | 4.07 - p.176 | ○ Now enrolled in the AB2034 Program  4.16 - p.178<br>○ No longer participating in the AB2034 Program |
| Governor's Homeless Initiative (GHI) | 4.09 - p.176 | ○ Now enrolled in the GHI Program  4.17 - p.179<br>○ No longer participating in the GHI Program |
| MHSA Housing Program | 4.11 - p.177 | ○ Now enrolled in the MHSA Housing Program<br>○ No longer participating in the MHSA Housing Program  4.18 - p.179 |

**RESIDENTIAL INFORMATION** - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):    5.01 - p.180

| SETTING | Indicate the new residential status (mark one): |
|---|---|
| **GENERAL LIVING ARRANGEMENT** | 5.02 - p.180 |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | ○ |
| With one or both biological / adoptive parents | ○ |
| With adult family member(s) other than parents | ○ |
| Single Room Occupancy (must hold lease) | ○ |
| **SHELTER / HOMELESS** | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ○ |
| Homeless (includes people living in their cars) | ○ |
| **SUPERVISED PLACEMENT** | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | ○ |
| Assisted Living Facility | ○ |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ○ |
| Licensed Community Care Facility (Board and Care) | ○ |
| **HOSPITAL** | |
| Acute Medical Hospital | ○ |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ○ |
| State Psychiatric Hospital | ○ |
| **RESIDENTIAL PROGRAM** | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ○ |
| Skilled Nursing Facility (physical) | ○ |
| Skilled Nursing Facility (psychiatric) | ○ |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | ○ |
| **JUSTICE PLACEMENT** | |
| Jail | ○ |
| **OTHER** | |
| Other | ○ |
| Unknown | ∨ |

EDUCATION  (Skip this section if there are no changes)

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion (mm/dd/yyyy):    | 6.01 - p.181 |

Level of education completed:    **6.02 - p.181**

- ○ No High School Diploma / No GED
- ○ GED Coursework
- ○ High School Diploma / GED
- ○ Some College / Some Technical or Vocational Training

- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ Bachelor's Degree (e.g., B.A., B.S.)
- ○ Master's Degree (e.g., M.A., M.S.)
- ○ Doctoral Degree (e.g., M.D., Ph.D.)

**EDUCATIONAL SETTING INFORMATION**

Date of Educational Setting Change (mm/dd/yyyy):    | 6.13 - p.182 |

**If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.**                    Setting

| | | |
|---|---|---|
| Not in school of any kind | ☐ | 6.15 - p.182 |
| High School / Adult Education | ☐ | 6.17 - p.182 |
| Technical / Vocational School | ☐ | 6.19 - p.183 |
| Community College / 4 year College | ☐ | 6.21 - p.183 |
| Graduate School | ☐ | 6.23 - p.183 |
| Other | ☐ | 6.25 - p.183 |

If stopping school, did the partner complete a class and/or program?      ○ Yes  ○ No    **6.26 - p.184**

Does one of the partner's current recovery goals include any kind of education at this time?      ○ Yes  ○ No    **6.27 - p.184**

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy): 7.19 - p.185

### CURRENT EMPLOYMENT

| | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|---|---|---|
| If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported. | | |
| **Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. | 7.20-p.185 | $ 7.21-p.185 |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | 7.22-p.186 | $ 7.23-p.186 |
| **Transitional Employment / Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | 7.24-p.186 | $ 7.25-p.187 |
| **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):** Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | 7.26-p.187 | $ 7.27-p.187 |
| **Non-paid (Volunteer) Work Experience:** Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | 7.28-p.188 | |
| **Other Gainful / Employment Activity:** Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | 7.29-p.188 | $ 7.30-p.188 |

The partner is not employed at this time. ☐  7.31 - p.189

Does one of the partner's current recovery goals include any kind of employment at this time?  ○ Yes ○ No  7.32 - p.189

**LEGAL ISSUES / DESIGNATIONS**  (Skip this section if there are no changes)

**ARREST INFORMATION**

Date Partner Arrested (mm/dd/yyyy):                    9.01 - p.190

**PROBATION INFORMATION**

Date of Probation Status Change (mm/dd/yyyy):          9.04 - p.190

Indicate new probation status:         9.06 - p.190  ○ Removed from Probation

                                                      ○ Placed on Probation

**CONSERVATORSHIP INFORMATION**

Date of Conservatorship Status Change (mm/dd/yyyy):    9.15 - p.191

Indicate new conservatorship status:    9.16 - p.191  ○ Removed from conservatorship

                                                       ○ Placed on conservatorship

**PAYEE INFORMATION**

Date of Payee Status Change (mm/dd/yyyy):              9.20 - p.191

Indicate new payee status:             9.21 - p.192  ○ Removed from payee status

                                                      ○ Placed on payee status

**EMERGENCY INTERVENTION**  (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):           10.03 - p.193

Indicate the type of emergency intervention: (e.g., emergency room
visit, crisis stabilization unit)        10.04 - p.193  ○ Physical Health Related

                                                         ○ Mental Health / Substance Abuse
                                                         Related

**COUNTY USE QUESTIONS**  (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
| --- | --- | --- |
| County Use Field # 1 | 15.01 - p.194 | 15.02 - p.194 |
| County Use Field # 2 | 15.03 - p.194 | 15.04 - p.194 |
| County Use Field # 3 | 15.05 - p.195 | 15.06 - p.195 |

# Key Event Tracking (KET) Variables

**INTERNAL VARIABLES**

## 1.01    GlobalID

Internal DCR Client Identifier (for linking assessments);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX | 36 |

Comments

DCR Client Identifier for linking assessments across different forms (can be useful when the CSI Number is missing);

Valid Codes

(System Generated)

## 1.02    AssessmentID

Internal DCR Administrative field for individually identifying each assessment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXX | 5 |

Comments

Valid Codes

(System Generated)

## 1.04    DatePartnershipStatusChange

Internal DCR administrative field.  Indicates the date that Partnership Status changed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

## 1.05    PartnerShipStatus

Internal DCR administrative field.  Indicates the current Partnership Status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

0 = Inactive Partner - Services interrupted / discontinued; 1 = Active Partner; 3 = PAF Renewal (PFR) Identifies an older, historical, PAF for a partner who was discontinued or had an interruption in their partnership and was reestablished after a year or longer;

Valid Codes

0 = Inactive                                                      1 = Active
3 = PFR (Partners who are reactivated after 1 year)

## INTERNAL VARIABLES
### 1.06    CreatedDate

Internal DCR Administrative field that indicates the date when the record was submitted to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
(System Generated)

### 1.07    Age_Group

Internal DCR Administrative field which indicates the age group the partner belonged to at the time the form was Completed;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Child PAF | 2 = Child 3M |
| 3 = Child KET | 4 = TAY PAF |
| 5 = TAY 3M | 6 = TAY KET |
| 7 = Adult PAF | 8 = Adult 3M |
| 9 = Adult KET | 10 = Older Adult PAF |
| 11 = Older Adult 3M | 12 = Older Adult KET |

### 1.08    AssessmentType

Internal DCR Administrative field which indicates the form type from which the data were collected;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXX | 3 |

Comments
Valid Codes

| | |
|---|---|
| PAF = Partnership Assessment Form | KET = Key Event Tracking form |
| 3M = Quarterly Assessment form | |

**INTERNAL VARIABLES**

## 1.09 AssessmentSource

Internal DCR Administrative field which indicates how the record was submitted/edited;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

Valid Codes

1 = DCR Online System                          2 = XML Batch Upload
3 = Legacy/DCR Interim System

**FROM CSI VARIABLES**
## 2.01    CSIDateOfBirth

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Populated using the DMH Client and Services Information (CSI) System "date of birth" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

## 2.02    Gender

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "gender" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| M = Male | F = Female |
| O = Other | U = Unknown |

## FROM CSI VARIABLES
## 2.03 CSIRace1

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race1" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.04 CSIRace2

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race2" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.05    CSIRace3

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race3" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.06    CSIRace4

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race4" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.07    CSIRace5

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race5" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.08    Ethnicty_A

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_A" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.09    Ethnicty_B

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_B" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

## 2.10    CSIHispanic

Is the client of Hispanic or Latino ethnicity? When available, this variable is obtained from the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System; (Note: This field is currently not being populated from CSI;)

Valid Codes

| | |
|---|---|
| Y = Yes | N = No |
| U = Unknown/Not Reported | |

## PARTNERSHIP INFORMATION VARIABLES

### 3.01    CountyID

PARTNERSHIP INFORMATION: County (city submitting record);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments
NOTE: Should include leading zeros;

Valid Codes

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 01 | = | Alameda | 16 | = | Kings | 31 | = | Placer |
| 02 | = | Alpine | 17 | = | Lake | 32 | = | Plumas |
| 03 | = | Amador | 18 | = | Lassen | 33 | = | Riverside |
| 04 | = | Butte | 19 | = | Los Angeles | 34 | = | Sacramento |
| 05 | = | Calaveras | 20 | = | Madera | 35 | = | San Benito |
| 06 | = | Colusa | 21 | = | Marin | 36 | = | San Bernardino |
| 07 | = | Contra Costa | 22 | = | Mariposa | 37 | = | San Diego |
| 08 | = | Del Norte | 23 | = | Mendocino | 38 | = | San Francisco |
| 09 | = | El Dorado | 24 | = | Merced | 39 | = | San Joaquin |
| 10 | = | Fresno | 25 | = | Modoc | 40 | = | San Luis Obispo |
| 11 | = | Glenn | 26 | = | Mono | 41 | = | San Mateo |
| 12 | = | Humboldt | 27 | = | Monterey | 42 | = | Santa Barbara |
| 13 | = | Imperial | 28 | = | Napa | 43 | = | Santa Clara |
| 14 | = | Inyo | 29 | = | Nevada | 44 | = | Santa Cruz |
| 15 | = | Kern | 30 | = | Orange | 45 | = | Shasta |

| | | | |
|---|---|---|---|
| 46 | = | Sierra |
| 47 | = | Siskiyou |
| 48 | = | Solano |
| 49 | = | Sonoma |
| 50 | = | Stanislaus |
| 52 | = | Tehama |
| 53 | = | Trinity |
| 54 | = | Tulare |
| 55 | = | Tuolumne |
| 56 | = | Ventura |
| 57 | = | Yolo |
| 63 | = | Sutter/Yuba |
| 65 | = | Berkeley City |
| 66 | = | Tri-City |

### 3.02    CSINumber

PARTNERSHIP INFORMATION: CSI County Client Number (CCN);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXX | 9 |

Comments
This is the same client identifier that is created by the county and submitted to the DMH Client and Services Information (CSI) System; Note: Should include leading zeros;

Valid Codes

0-9, A-Z  Right justify, use left leading zeros

## PARTNERSHIP INFORMATION VARIABLES

### 3.03    CountyFSPID

PARTNERSHIP INFORMATION: County Partner ID (Optional);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Optional internal county identifier;

Valid Codes

0-9, A-Z Right justify, use left leading zeros

### 3.04    Name

PARTNERSHIP INFORMATION: Partner's last name, Partner's first name;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | LastName, FirstName | 25,25 |

Comments

Valid Codes

n/a

### 3.05    PartnershipDate

PARTNERSHIP INFORMATION: Partnership Date (date when the Partnership was established);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

### 3.06    AssessmentDate

PARTNERSHIP INFORMATION: Date Completed - If the record is a PAF, the value for this field is the same as the Partnership Date;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

## PARTNERSHIP INFORMATION VARIABLES
### 3.07    DateOfBirth

PARTNERSHIP INFORMATION: Partner's Date of Birth;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## ADMINISTRATIVE INFORMATION VARIABLES

### 4.01 DateProviChange

CHANGE IN ADMINISTRATIVE INFORMATION: Partnership Status - Date of Provider Number/NPI Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

### 4.02 ProviderSiteID

ADMINISTRATIVE INFORMATION: Partnership Status - Provider Number / NPI (Optional);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXX | 10 |

Comments

Valid Codes

0-9, A-Z

### 4.03 DateProgmChange

CHANGE IN ADMINISTRATIVE INFORMATION: Partnership Status - Date of Full Service Partnership Program ID Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

### 4.04 ProgramDesc

ADMINISTRATIVE INFORMATION: Partnership Status - Full Service Partnership Program ID (code and program title are provided);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | FSP ProgramID Code, FSP Program Title | 255 |

Comments

Valid Codes

0-9, A-Z

## ADMINISTRATIVE INFORMATION VARIABLES
### 4.05   DatePSCIDChange

CHANGE IN ADMINISTRATIVE INFORMATION: Partnership Status - Date of Partnership Service Coordinator ID Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 4.06   CoordinatorID

ADMINISTRATIVE INFORMATION: Partnership Status - Partnership Service Coordinator ID;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | PSCLastName, PSCFirstName | 25 |

Comments
Valid Codes
0-9, A-Z

### 4.07   AB2034ChangeDate

ADMINISTRATIVE INFORMATION: Program Information - Date of AB2034 Program Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 4.09   GHIChangeDate

PROGRAM INFORMATION: Date of Governor's Homeless Initiative (GHI) Program Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## ADMINISTRATIVE INFORMATION VARIABLES

### 4.11 MHSAChangeDate

PROGRAM INFORMATION: Date of MHSA Housing Program Change;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 4.13 DateKETStatusChange

CHANGE IN ADMINISTRATIVE INFORMATION: This is the field on the KET form that says "Date of Partnership Status Change"; This field indicates the date of change when the partnership is either "discontinued/interrupted" or "reestablished";

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 4.14 KETStatus

This is the field on the KET form that says "Indicate NEW partnership status"; This field indicates whether the partnership is either "discontinued/interrupted" or "reestablished";

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = Discontinuation                 1 = Reestablishment

## ADMINISTRATIVE INFORMATION VARIABLES

### 4.15 DiscontReason

CHANGE IN ADMINISTRATIVE INFORMATION: Partnership Status - If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services/program, indicate the reason;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

1=Target population criteria are not met; 2=Partner decided to discontinue Full Service Partnership participation after partnership established; 3=Partner moved to another county / service area; 4=After repeated attempts to contact partner, s/he cannot be located; 5=Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital]; 6=Community services / program interrupted – Partner will be serving JAIL  sentence; 7=Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate; 8=Partner is deceased; 9=Community services / program interrupted – Partner will be placed in JUVENILE HALL / CAMP / RANCH; 10=Community services / program interrupted – Partner will be placed in DIVISION of JUVENILE JUSTICE; 11=Community services / program interrupted – Partner will be serving PRISON;

Valid Codes

| | |
|---|---|
| 1 = Target Criteria | 2 = Discontinue |
| 3 = Moved | 4 = Not Located |
| 5 = Institution Child | 5 = Institution TAY, Adult, Older Adult |
| 6 = Serving Jail | 7 = Met Goals |
| 8 = Deceased | 9 = Placed Juvenile Hall |
| 10 = Placed DJJ | 11 = Serving Prison |

### 4.16 AB2034

ADMINISTRATIVE INFORMATION: Program Information - Was the partner involved in the AB2034 program?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner was involved in the AB2034 program;

Valid Codes

1 = Now enrolled in the AB2034 Program
0 = No longer participating in the AB2034 Program

## ADMINISTRATIVE INFORMATION VARIABLES

## 4.17    GHI

ADMINISTRATIVE INFORMATION: Program Information - In which additional program is the partner currently involved? Governor's Homeless Initiative (GHI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner is currently involved in the Governor's Homeless Initiative (GHI) Program;

Valid Codes

1 = Now enrolled in the GHI Program
0 = No longer participating in the GHI Program

## 4.18    MHSA

ADMINISTRATIVE INFORMATION: Program Information - In which additional program is the partner currently involved? MHSA Housing Program;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates whether the partner is currently involved in the MHSA Housing Program;

Valid Codes

1 = Now enrolled in the MHSA Housing Program
0 = No longer participating in the MHSA Housing Program

## RESIDENTIAL VARIABLES

### 5.01  DateResidentialChange

RESIDENTIAL INFORMATION: Date of Residential Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 5.02  Current

RESIDENTIAL INFORMATION: General Living Arrangement (TONIGHT);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

Indicates which setting the partner is living "TONIGHT": 1 =With one or both biological / adoptive parents; 2 =With adult family member(s) other than parents  (Adult and Older Adult forms),  =With adult family member(s) other than parents – non-foster care (Child and TAY forms); 3 =In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage; 4 =Foster Home (with relative); 5 =Foster Home (with non-relative); 6 =Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent); 7 =Homeless (includes people living in their cars); 8 =Acute Medical Hospital; 9 =Acute Psychiatric Hospital / Psychiatric Health Facility (PHF); 10 =State Psychiatric Hospital; 11 =Group Home (Level 0-11); 12 =Group Home (Level 12-14); 13 =Community Treatment Facility; 14 =Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs); 15 =Juvenile Hall / Camp / Ranch; 16 =Division of Juvenile Justice; 17 =Other; 18 =Unknown; 19 =Single Room Occupancy (must hold lease); 20 =Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants); 21 =Unlicensed but supervised congregate placement (includes group living homes, sober living homes); 22 =Licensed Community Care Facility (Board and Care); 23 =Skilled Nursing Facility (physical); 24 =Skilled Nursing Facility (psychiatric); 25 =Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]; 26 =Prison; 27 =Jail; 28 =Assisted Living Facility;

Valid Codes

| | |
|---|---|
| 1 = With Parents | 2 = With Other Family |
| 3 = Apartment Alone | 4 = Foster Home Relative |
| 5 = Foster Home Non-relative | 6 = Emergency Shelter |
| 7 = Homeless | 8 = Medical Hospital |
| 9 = Psychiatric Hospital | 10 = State Psychiatric |
| 11 = Group Home 0-11 | 12 = Group Home 12-14 |
| 13 = Community Treatment | 14 = Residential Treatment |
| 15 = Juvenile Hall / Camp | 16 = DJJ |
| 17 = Other Setting | 18 = Unknown Setting |
| 19 = Single Room Occupancy | 20 = Individual Placement |
| 21 = Congregate Placement | 22 = Community Care |
| 23 = Nursing Physical | 24 = Nursing Psychiatric |
| 25 = Long-Term Care | 26 = Prison |
| 27 = Jail | 28 = Assisted Living |

## EDUCATION VARIABLES

### 6.01     DateGradeComplete

EDUCATION: Grade Level Information - Date of Grade Level Completion;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

### 6.02     HighestGrade

EDUCATION: Highest level of education completed;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

Valid Codes

| | |
|---|---|
| 01 = Day Care | 02 = Preschool |
| 03 = Kindergarten | 04 = 1st  grade |
| 05 = 2nd grade | 06 = 3rd grade |
| 07 = 4th grade | 08 = 5th grade |
| 09 = 6th grade | 10 = 7th grade |
| 11 = 8th grade | 12 = 9th grade |
| 13 = 10th grade | 14 = 11th grade |
| 15 = 12th grade | 16 = GED coursework |

17 = Diploma

18 = Some college / Some technical or Vocational Training

19 = Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

| | |
|---|---|
| 20 = No High School Diploma / No GED | 22 = Bachelor's Degree (e.g., B.A., B.S.) |
| 24 = Master's Degree (e.g., M.A., M.S.) | 26 = Doctoral Degree (e.g., M.D., Ph.D.) |

27 = Level Unknown

### 6.10     DateSuspension

EDUCATION: Suspension Information - Date of Suspension;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

**EDUCATION VARIABLES**

## 6.12    DateExpulsion

EDUCATION: Expulsion Information - Date of Expulsion;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## 6.13    DateSettingChange

EDUCATION: Educational Setting Information - Date of Educational Setting Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## 6.15    NotinschoolCurr

EDUCATION: Not in school of any kind;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## 6.17    HighSchoolCurr

EDUCATION: High School / Adult Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## EDUCATION VARIABLES
### 6.19    TechnicalCurr

EDUCATION: Technical / Vocational School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

### 6.21    CommunityCollegeCurr

EDUCATION: Community College / 4 Year College;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

### 6.23    GraduateCurr

EDUCATION: Graduate School;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

### 6.25    OtherEducationCurr

EDUCATION: Other Education;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY in this educational setting;
Valid Codes
1 = Yes (marked)

## EDUCATION VARIABLES
## 6.26    CompletePgm

EDUCATION: If stopping school, did the partner complete a class and/or program?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                                      1 = Yes

## 6.27    EdRecoveryGoals

EDUCATION: Does one of the partner's recovery goals include any kind of education at this time?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                                      1 = Yes

**EMPLOYMENT VARIABLES**

## 7.19    DateEmpChange

EMPLOYMENT: Date of Employment Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

## 7.20    Current_CompetitiveAvgHrWeek

EMPLOYMENT: Competitive Employment - Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.21    Current_CompetitiveAvgHrWage

EMPLOYMENT: Competitive Employment - Paid Employment in the community in a position that is also open to individuals without a disability;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.22    Current_SupportedAvgHrWeek

EMPLOYMENT: Supported Employment - Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.23    Current_SupportedAvgHrWage

EMPLOYMENT: Supported Employment - Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

## 7.24    Current_TransitionalAvgHrWeek

EMPLOYMENT: Transitional Employment / Enclave - Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

**EMPLOYMENT VARIABLES**

## 7.25  Current_TransitionalAvgHrWage

EMPLOYMENT: Transitional Employment / Enclave - Paid jobs in the community that are 1) open only to individuals with the disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

## 7.26  Current_In-HouseAvgHrWeek

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business) - Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments

Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes

0-99

## 7.27  Current_In-HouseAvgHrWage

EMPLOYMENT: Paid In-House Work (Sheltered Workshop / Work Experience / Agency-owned Business) - Paid jobs open only to program participants with a disability; A sheltered workshop usually offers sub-minimum wage work in a simulated environment; A Work Experience (adjustment) program within an agency provides exposure to the standard expectations and advantages of employment; An agency-owned business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments

Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes

0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.28  Current_Non-paidAvgHrWeek

EMPLOYMENT: Non-paid (Volunteer) Work Experience - Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes
0-99

## 7.29  Current_OtherEmploymentAvgHrWeek

EMPLOYMENT: Other Gainful / Employment Activity - Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Average hours per week the partner CURRENTLY spends in this employment setting;

Valid Codes
0-99

## 7.30  Current_OtherEmploymentAvgHrWage

EMPLOYMENT: Other Gainful / Employment Activity - Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job; (Does NOT include such activities as panhandling or illegal activities such as prostitution;)

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Number | XXXXXX | 6 |

Comments
Average hourly wage the partner CURRENTLY earns in this employment setting;

Valid Codes
0-999999, Leave blank if no answer

**EMPLOYMENT VARIABLES**

## 7.31   Current_Unemployed

EMPLOYMENT: The partner is not employed at this time;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates whether the partner is CURRENTLY unemployed;
Valid Codes
1 = Yes  (marked)

## 7.32   EmpRecoveryGoals

EMPLOYMENT: Does one of the partner's recovery goals include any kind of employment at this time?

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                           1 = Yes

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.01    DateArrested

LEGAL ISSUES / DESIGNATIONS: Arrest Information - Date Partner Arrested;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 9.04    DateProbation

LEGAL ISSUES / DESIGNATIONS: Probation Information - Date of Probation Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 9.06    ProbationStatus

LEGAL ISSUES / DESIGNATIONS: Probation Information: Indicate new probation status;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = Removed from probation                          1 = Placed on probation

### 9.10    DateParole

LEGAL ISSUES / DESIGNATIONS: Parole Information - Date of Division of Juvenile Justice Parole Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| KET | Child, TAY | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.11    ParoleStatus

LEGAL ISSUES / DESIGNATIONS: Parole Information: Indicate new Division of Juvenile Justice parole status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY | Text | X | 1 |

Comments
Valid Codes
0 = Removed from Division of Juvenile Justice Parole
1 = Placed on Division of Juvenile Justice Parole

### 9.15    DateConserva

LEGAL ISSUES / DESIGNATIONS: Conservatorship Information - Date of Conservatorship Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 9.16    ConservaStatus

LEGAL ISSUES / DESIGNATIONS: Indicate new conservatorship status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = Removed from conservatorship                    1 = Placed on conservatorship

### 9.20    DatePayee

LEGAL ISSUES / DESIGNATIONS: Payee Information - Date of Payee Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## LEGAL ISSUES / DESIGNATIONS VARIABLES
### 9.21   PayeeStatus

LEGAL ISSUES / DESIGNATIONS: Indicate new payee status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

0 = Removed from payee status          1 = Placed on payee status

### 9.24   DateDepen

LEGAL ISSUES / DESIGNATIONS: Dependent Information - Date of W&I Code 300 Status Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes

leading zeros

### 9.26   WICodeStatus

LEGAL ISSUES / DESIGNATIONS: Dependent (W&I Code 300 Status) Information: Indicate new W & I Code 300 status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY | Text | X | 1 |

Comments
Valid Codes

0 = Removed from W & I Code 300 status          1 = Placed on W & I Code 300 status

## EMERGENCY INTERVENTION VARIABLES
## 10.03  DateEmergencyChange

EMERGENCY INTERVENTION: Date of Emergency Intervention;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## 10.04  EmergencyType

EMERGENCY INTERVENTION: Indicates the type of emergency intervention;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

1 = Physical health Related                    2 = Mental Health/Substance Abuse Related

## COUNTY USE VARIABLES

### 15.01  DateKETCntyUse1

COUNTY USE QUESTIONS: Date of KET County Use Field # 1 Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 15.02  KETCntyUse1

COUNTY USE QUESTIONS: KET County Use Field # 1;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

### 15.03  DateKETCntyUse2

COUNTY USE QUESTIONS: Date of KET County Use Field # 2 Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

### 15.04  KETCntyUse2

COUNTY USE QUESTIONS: KET County Use Field # 2;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

## COUNTY USE VARIABLES
## 15.05   DateKETCntyUse3

COUNTY USE QUESTIONS: Date of KET County Use Field # 3 Change;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| KET | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes
leading zeros

## 15.06   KETCntyUse3

COUNTY USE QUESTIONS: KET County Use Field # 3;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments
Valid Codes
n/a

# CROSSWALK from 3M Forms to Variable Identifying  Numbers

## Child/Youth 3M Crosswalk

**FULL SERVICE PARTNERSHIP**
Child / Youth Quarterly Assessment Form
FOR AGES 0-15 YEARS

**CHILD 3M
5/1/07**

| | | |
|---|---|---|
| County | **3.01 - p.218** | * |
| CSI County Client Number (CCN) | **3.02 - p.218** | |
| County Partner ID (optional) | **3.03 - p.218** | |
| Partner's First Name | **3.04 - p.219** | * |
| Partner's Last Name | **3.04 - p.219** | * |
| Date Completed (mm/dd/yyyy) | **3.05 - p.219** | * |
| Partner's Date of Birth (mm/dd/yyyy) | **3.07 - p.219** | * |

EDUCATION

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?
○ Yes  ○ No   **6.03 - p.221**

Is the partner CURRENTLY receiving special education due to another reason?
○ Yes  ○ No   **6.04 - p.221**

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:
○ Always attends school (never truant)   **6.06 - p.221**
○ Attends school most of the time
○ Sometimes attends school
○ Infrequently attends school
○ Never attends school

CURRENTLY, his/her grades are:
○ Very Good   **6.07 - p.221**
○ Good
○ Average
○ Below Average
○ Poor

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | CURRENTLY (mark all that apply) |
|---|---|
| Caregiver's Wages | 8.02 - p.222 |
| Partner's Wages | 8.04 - p.222 |
| Partner's Spouse / Significant Other's Wages | 8.06 - p.222 |
| Savings | 8.08 - p.222 |
| Child Support | 8.10 - p.223 |
| Other Family Member / Friend | 8.12 - p.223 |
| Retirement / Social Security Income | 8.14 - p.223 |
| Veteran's Assistance Benefits | 8.16 - p.223 |
| Loan / Credit | 8.18 - p.224 |
| Housing Subsidy | 8.20 - p.224 |
| General Relief / General Assistance | 8.22 - p.224 |
| Food Stamps | 8.24 - p.224 |
| Temporary Assistance for Needy Families (TANF) | 8.26 - p.225 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.28 - p.225 |
| Social Security Disability Insurance (SSDI) | 8.30 - p.225 |
| State Disability Insurance (SDI) | 8.32 - p.226 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.34 - p.226 |
| Other | 8.36 - p.226 |
| No Financial Support | 8.38 - p.226 |

## LEGAL ISSUES / DESIGNATIONS

### CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

| | |
|---|---|
| Placed on W & I Code 300 Status: (Dependent of the court) | 9.30 - p.227 |
| Placed in Foster Care: | 9.31 - p.227 |
| Legally Reunified with partner: | 9.32 - p.227 |
| Adopted out: | 9.33 - p.227 |

## HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?   ○ Yes ○ No                    **11.01 - p.228**

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?     ○ Yes ○ No  **12.02 - p.229**

Is the partner CURRENTLY receiving substance abuse services?     ○ Yes ○ No  **12.03 - p.229**

## COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | NEW VALUE |
|---|---|
| County Use Field # 1 | **15.07 - p.236** |
| County Use Field # 2 | **15.08 - p.236** |
| County Use Field # 3 | **15.09 - p.236** |

## TAY 3M Crosswalk

**FULL SERVICE PARTNERSHIP**
Transition Age Youth Quarterly Assessment Form
FOR AGES 16-25 YEARS

**TAY 3M
5/1/07**

PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | **3.01 - p.218** | * |
| CSI County Client Number (CCN) | **3.02 - p.218** | |
| County Partner ID (optional) | **3.03 - p.218** | |
| Partner's First Name | **3.04 - p.219** | * |
| Partner's Last Name | **3.04 - p.219** | * |
| Date Completed (mm/dd/yyyy) | **3.05 - p.219** | * |
| Partner's Date of Birth (mm/dd/yyyy) | **3.07 - p.219** | * |

EDUCATION

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?  ○ Yes  ○ No  **6.03 - p.221**

Is the partner CURRENTLY receiving special education due to another reason?  ○ Yes  ○ No  **6.04 - p.221**

**FOR YOUTH WHO ARE <u>REQUIRED</u> BY LAW TO ATTEND SCHOOL:**

**6.06 - p.221**

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:

○ Always attends school (never truant)

○ Attends school most of the time

○ Sometimes attends school

○ Infrequently attends school

○ Never attends school

CURRENTLY, his/her grades are:

**6.07 - p.221**

○ Very Good

○ Good

○ Average

○ Below Average

○ Poor

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | CURRENTLY (mark all that apply) |
|---|---|
| Caregiver's Wages | 8.02 - p.222 |
| Partner's Wages | 8.04 - p.222 |
| Partner's Spouse / Significant Other's Wages | 8.06 - p.222 |
| Savings | 8.08 - p.222 |
| Child Support | 8.10 - p.223 |
| Other Family Member / Friend | 8.12 - p.223 |
| Retirement / Social Security Income | 8.14 - p.223 |
| Veteran's Assistance Benefits | 8.16 - p.223 |
| Loan / Credit | 8.18 - p.224 |
| Housing Subsidy | 8.20 - p.224 |
| General Relief / General Assistance | 8.22 - p.224 |
| Food Stamps | 8.24 - p.224 |
| Temporary Assistance for Needy Families (TANF) | 8.26 - p.225 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.28 - p.225 |
| Social Security Disability Insurance (SSDI) | 8.30 - p.225 |
| State Disability Insurance (SDI) | 8.32 - p.226 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.34 - p.226 |
| Other | 8.36 - p.226 |
| No Financial Support | 8.38 - p.226 |

## LEGAL ISSUES / DESIGNATIONS

### CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

| | |
|---|---|
| Placed on W & I Code 300 Status: (Dependent of the court) | 9.30 - p.227 |
| Placed in Foster Care: | 9.31 - p.227 |
| Legally Reunified with partner: | 9.32 - p.227 |
| Adopted out: | 9.33 - p.227 |

### HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?     ○ Yes  ○ No     **11.01 - p.228**

### SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?     ○ Yes  ○ No  **12.02 - p.229**

Is the partner CURRENTLY receiving substance abuse services?     ○ Yes  ○ No  **12.03 - p.229**

### COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | NEW VALUE |
|---|---|
| County Use Field # 1 | **15.07 - p.236** |
| County Use Field # 2 | **15.08 - p.236** |
| County Use Field # 3 | **15.09 - p.236** |

## Adult 3M Crosswalk

**FULL SERVICE PARTNERSHIP**
Adult Quarterly Assessment Form
FOR AGES 26-59 YEARS

ADULT 3M
5/1/07

### PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 - p.218 | * |
| CSI County Client Number (CCN) | 3.02 - p.218 | |
| County Partner ID (optional) | 3.03 - p.218 | |
| Partner's First Name | 3.04 - p.219 | * |
| Partner's Last Name | 3.04 - p.219 | * |
| Date Completed (mm/dd/yyyy) | 3.05 - p.219 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p.219 | * |

### SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | CURRENTLY (mark all that apply) |
|---|---|
| Partner's Wages | 8.04 - p.222 |
| Partner's Spouse / Significant Other's Wages | 8.06 - p.222 |
| Savings | 8.08 - p.222 |
| Other Family Member / Friend | 8.12 - p.223 |
| Retirement / Social Security Income | 8.14 - p.223 |
| Veteran's Assistance Benefits | 8.16 - p.223 |
| Loan / Credit | 8.18 - p.224 |
| Housing Subsidy | 8.20 - p.224 |
| General Relief / General Assistance | 8.22 - p.224 |
| Food Stamps | 8.24 - p.224 |
| Temporary Assistance for Needy Families (TANF) | 8.26 - p.225 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.28 - p.225 |
| Social Security Disability Insurance (SSDI) | 8.30 - p.225 |
| State Disability Insurance (SDI) | 8.32 - p.226 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.34 - p.226 |
| Other | 8.36 - p.226 |
| No Financial Support | 8.38 - p.226 |

## LEGAL ISSUES / DESIGNATIONS

**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

| | |
|---|---|
| Placed on W & I Code 300 Status: (Dependent of the court) | 9.30 - p.227 |
| Placed in Foster Care: | 9.31 - p.227 |
| Legally Reunified with partner: | 9.32 - p.227 |
| Adopted out: | 9.33 - p.227 |

## HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?  ○ Yes  ○ No          11.01 - p.228

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?   ○ Yes  ○ No   12.02 - p.229

Is the partner CURRENTLY receiving substance abuse services?   ○ Yes  ○ No   12.03 - p.229

## COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | NEW VALUE |
|---|---|
| County Use Field # 1 | 15.07 - p.236 |
| County Use Field # 2 | 15.08 - p.236 |
| County Use Field # 3 | 15.09 - p.236 |

## Older Adult 3M Crosswalk

**FULL SERVICE PARTNERSHIP**
Older Adult Quarterly Assessment Form
FOR AGES 60+ YEARS

**OLDER ADULT 3M**
**5/1/07**

### PARTNERSHIP INFORMATION

| | | |
|---|---|---|
| County | 3.01 - p. 218 | * |
| CSI County Client Number (CCN) | 3.02 - p. 218 | |
| County Partner ID (optional) | 3.03 - p. 218 | |
| Partner's First Name | 3.04 - p. 219 | * |
| Partner's Last Name | 3.04 - p. 219 | * |
| Date Completed (mm/dd/yyyy) | 3.05 - p. 219 | * |
| Partner's Date of Birth (mm/dd/yyyy) | 3.07 - p. 219 | * |

### SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | CURRENTLY (mark all that apply) |
|---|---|
| Partner's Wages | 8.04 - p.222 |
| Partner's Spouse / Significant Other's Wages | 8.06 - p.222 |
| Savings | 8.08 - p.222 |
| Other Family Member / Friend | 8.12 - p.223 |
| Retirement / Social Security Income | 8.14 - p.223 |
| Veteran's Assistance Benefits | 8.16 - p.223 |
| Loan / Credit | 8.18 - p.224 |
| Housing Subsidy | 8.20 - p.224 |
| General Relief / General Assistance | 8.22 - p.224 |
| Food Stamps | 8.24 - p.224 |
| Temporary Assistance for Needy Families (TANF) | 8.26 - p.225 |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | 8.28 - p.225 |
| Social Security Disability Insurance (SSDI) | 8.30 - p.225 |
| State Disability Insurance (SDI) | 8.32 - p.226 |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | 8.34 - p.226 |
| Other | 8.36 - p.226 |
| No Financial Support | 8.38 - p.226 |

## LEGAL ISSUES / DESIGNATIONS

**CUSTODY INFORMATION**

**Indicate the total number of children the partner has who are CURRENTLY:**

| | |
|---|---|
| Placed on W & I Code 300 Status: (Dependent of the court) | 9.30 - p.227 |
| Placed in Foster Care: | 9.31 - p.227 |
| Legally Reunified with partner: | 9.32 - p.227 |
| Adopted out: | 9.33 - p.227 |

## HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?    ○ Yes  ○ No          11.01 - p.228

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?    ○ Yes  ○ No    12.02 - p.229

Is the partner CURRENTLY receiving substance abuse services?    ○ Yes  ○ No    12.03 - p.229

## INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)

For each area of functioning listed below, select the description that applies. (The word 'assistance' means supervision, direction or personal assistance.)

BATHING - either sponge bath, tub bath or shower:                    **13.01 - p.230**

○ Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)

○ Receives assistance in bathing only one part of the body (such as back or leg)

○ Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING - gets clothes from closets and drawers, including underclothes, outer    **13.02 - p.230**
garments and uses fasteners (including braces, if worn):

○ Gets clothes and gets completely dressed without assistance

○ Gets clothes and gets dressed without assistance, except for assistance in tying shoes

○ Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING:                                                           **13.03 - p.230**

○ Goes to 'toilet room,' cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)

○ Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode

○ Doesn't go to room termed 'toilet' for the elimination process

TRANSFER:                                                            **13.04 - p.231**

○ Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker)

○ Moves in and out of bed or chair with assistance

○ Doesn't get out of bed

CONTINENCE:                                                          **13.05 - p.231**

○ Controls urination and bowel movement completely by self

○ Has occasional 'accidents'

○ Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

FEEDING:                                                             **13.06 - p.231**

○ Feeds self without assistance

○ Feeds self except for getting assistance in cutting meat or buttering bread

○ Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

WALKING:                                                             **13.07 - p.231**

○ Walks on level without assistance

○ Walks without assistance but uses single, straight cane

○ Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)

○ Walks with assistance

○ Uses wheelchair only

○ Not walking or using wheelchair

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)  Continued.

HOUSE-CONFINEMENT:                                                    13.08 - p.232

- ◯ Has been outside of residence on 3 or more days during the past 2 weeks
- ◯ Has been outside of residence on only 1 or 2 days during the past 2 weeks
- ◯ Has not been outside of residence in past 2 weeks

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

| For each area of functioning listed below, select the description that applies. | Without Help | With Some Help | Completely Unable To Do | |
|---|---|---|---|---|
| Can the partner use the telephone? | ◯ | ◯ | ◯ | 14.01 - p.233 |
| Can the partner get to places out of walking distance? | ◯ | ◯ | ◯ | 14.02 - p.233 |
| Can the partner go shopping for groceries? | ◯ | ◯ | ◯ | 14.03 - p.233 |
| Can the partner prepare his / her own meals? | ◯ | ◯ | ◯ | 14.04 - p.233 |
| Can the partner do his / her own housework? | ◯ | ◯ | ◯ | 14.05 - p.234 |
| Can the partner do his / her own handyman work? | ◯ | ◯ | ◯ | 14.06 - p.234 |
| Can the partner do his / her own laundry? | ◯ | ◯ | ◯ | 14.07 - p.234 |
| If the partner takes medication (or if the partner had to take medication) could s/he take it on his / her own? | ◯ | ◯ | ◯ | 14.08 - p.235 |
| Can the partner manage his / her own money? | ◯ | ◯ | ◯ | 14.09 - p.235 |

COUNTY USE QUESTIONS

| COUNTY USE QUESTIONS | NEW VALUE |
|---|---|
| County Use Field # 1 | 15.07 - p.236 |
| County Use Field # 2 | 15.08 - p.236 |
| County Use Field # 3 | 15.09 - p.236 |

# Quarterly (3M) Variables

## INTERNAL VARIABLES

### 1.01    GlobalID

Internal DCR Client Identifier (for linking assessments);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX | 36 |

Comments

DCR Client Identifier for linking assessments across different forms (can be useful when the CSI Number is missing);

Valid Codes

(System Generated)

### 1.02    AssessmentID

Internal DCR Administrative field for individually identifying each assessment;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXX | 5 |

Comments

Valid Codes

(System Generated)

### 1.04    DatePartnershipStatusChange

Internal DCR administrative field.  Indicates the date that Partnership Status changed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

### 1.05    PartnerShipStatus

Internal DCR administrative field.  Indicates the current Partnership Status;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments

0 = Inactive Partner - Services interrupted / discontinued; 1 = Active Partner; 3 = PAF Renewal (PFR) Identifies an older, historical, PAF for a partner who was discontinued or had an interruption in their partnership and was reestablished after a year or longer;

Valid Codes

0 = Inactive                                         1 = Active
3 = PFR (Partners who are reactivated after 1 year)

**INTERNAL VARIABLES**

## 1.06 CreatedDate

Internal DCR Administrative field that indicates the date when the record was submitted to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes

(System Generated)

## 1.07 Age_Group

Internal DCR Administrative field which indicates the age group the partner belonged to at the time the form was Completed;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Child PAF | 2 = Child 3M |
| 3 = Child KET | 4 = TAY PAF |
| 5 = TAY 3M | 6 = TAY KET |
| 7 = Adult PAF | 8 = Adult 3M |
| 9 = Adult KET | 10 = Older Adult PAF |
| 11 = Older Adult 3M | 12 = Older Adult KET |

## 1.08 AssessmentType

Internal DCR Administrative field which indicates the form type from which the data were collected;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXX | 3 |

Comments
Valid Codes

| | |
|---|---|
| PAF = Partnership Assessment Form | KET = Key Event Tracking form |
| 3M = Quarterly Assessment form | |

**INTERNAL VARIABLES**

## 1.09    AssessmentSource

Internal DCR Administrative field which indicates how the record was submitted/edited;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Number | X | 1 |

Comments
Valid Codes

1 = DCR Online System                                          2 = XML Batch Upload
3 = Legacy/DCR Interim System

**FROM CSI VARIABLES**

## 2.01 CSIDateOfBirth

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Populated using the DMH Client and Services Information (CSI) System "date of birth" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

## 2.02 Gender

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "gender" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

M = Male                          F = Female
O = Other                         U = Unknown

## FROM CSI VARIABLES

## 2.03    CSIRace1

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race1" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.04    CSIRace2

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race2" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES

## 2.05   CSIRace3

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race3" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.06   CSIRace4

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race4" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES

## 2.07    CSIRace5

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Race5" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White or Caucasian | M = Samoan |
| 3 = Black or African American | N = Asian Indian |
| 5 = American Native or Alaska Native | O = Other Asian |
| 7 = Filipino | P = Native Hawaiian |
| C = Chinese | R = Guamanian |
| H = Cambodian | S = Mien |
| I = Hmong | T = Laotian |
| J = Japanese | V = Vietnamese |
| K = Korean | 8 = Other |
| L = Other Pacific Islander | 9 = Unknown / Not Reported |

## 2.08    Ethnicty_A

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_A" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

## FROM CSI VARIABLES
## 2.09    Ethnicty_B

When available, this variable is populated using the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity_B" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System;

Valid Codes

| | |
|---|---|
| 1 = White | 2 = Hispanic |
| 3 = Black | 5 = American Native |
| 7 = Filipino | A = Amerasian |
| C = Chinese | H = Cambodian |
| J = Japanese | K = Korean |
| M = Samoan | N = Asian Indian |
| P = Hawaiian Native | R = Guamanian |
| T = Laotian | V = Vietnamese |
| X = Multiple (only valid in subfield B) | 4 = Other Asian or Pacific Islander |
| 8 = Other | 9 = Unknown / Not Reported |

## 2.10    CSIHispanic

Is the client of Hispanic or Latino ethnicity? When available, this variable is obtained from the DMH Client and Services Information System (CSI) when a valid CCN is provided to the DCR;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Populated using the DMH Client and Services Information (CSI) System "Ethnicity" variable (if available) after a match is found between the CCN entered into the DCR and the CCN submitted to the CSI System. (Note: This field is currently not being populated from CSI;)

Valid Codes

| | |
|---|---|
| Y = Yes | N = No |
| U = Unknown/Not Reported | |

# PARTNERSHIP INFORMATION VARIABLES

## 3.01    CountyID

PARTNERSHIP INFORMATION: County (city submitting record);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XX | 2 |

Comments

NOTE: Should include leading zeros;

Valid Codes

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | = | Alameda | 16 | = | Kings | 31 | = | Placer | 46 | = | Sierra |
| 02 | = | Alpine | 17 | = | Lake | 32 | = | Plumas | 47 | = | Siskiyou |
| 03 | = | Amador | 18 | = | Lassen | 33 | = | Riverside | 48 | = | Solano |
| 04 | = | Butte | 19 | = | Los Angeles | 34 | = | Sacramento | 49 | = | Sonoma |
| 05 | = | Calaveras | 20 | = | Madera | 35 | = | San Benito | 50 | = | Stanislaus |
| 06 | = | Colusa | 21 | = | Marin | 36 | = | San Bernardino | 52 | = | Tehama |
| 07 | = | Contra Costa | 22 | = | Mariposa | 37 | = | San Diego | 53 | = | Trinity |
| 08 | = | Del Norte | 23 | = | Mendocino | 38 | = | San Francisco | 54 | = | Tulare |
| 09 | = | El Dorado | 24 | = | Merced | 39 | = | San Joaquin | 55 | = | Tuolumne |
| 10 | = | Fresno | 25 | = | Modoc | 40 | = | San Luis Obispo | 56 | = | Ventura |
| 11 | = | Glenn | 26 | = | Mono | 41 | = | San Mateo | 57 | = | Yolo |
| 12 | = | Humboldt | 27 | = | Monterey | 42 | = | Santa Barbara | 63 | = | Sutter/Yuba |
| 13 | = | Imperial | 28 | = | Napa | 43 | = | Santa Clara | 65 | = | Berkeley City |
| 14 | = | Inyo | 29 | = | Nevada | 44 | = | Santa Cruz | 66 | = | Tri-City |
| 15 | = | Kern | 30 | = | Orange | 45 | = | Shasta | | | |

## 3.02    CSINumber

PARTNERSHIP INFORMATION: CSI County Client Number (CCN);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXX | 9 |

Comments

This is the same client identifier that is created by the county and submitted to the DMH Client and Services Information (CSI) System; Note: Should include leading zeros;

Valid Codes

0-9, A-Z  Right justify, use left leading zeros

## PARTNERSHIP INFORMATION VARIABLES
## 3.03    CountyFSPID

PARTNERSHIP INFORMATION: County Partner ID (Optional);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Optional internal county identifier;

Valid Codes

0-9, A-Z Right justify, use left leading zeros

## 3.04    Name

PARTNERSHIP INFORMATION: Partner's last name, Partner's first name;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | LastName, FirstName | 25,25 |

Comments
Valid Codes

n/a

## 3.05    PartnershipDate

PARTNERSHIP INFORMATION: Partnership Date (date when the Partnership was established);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes

leading zeros

## 3.06    AssessmentDate

PARTNERSHIP INFORMATION: Date Completed - If the record is a PAF, the value for this field is the same as the Partnership Date;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments
Valid Codes

leading zeros

**PARTNERSHIP INFORMATION VARIABLES**

**3.07    DateOfBirth**

PARTNERSHIP INFORMATION: Partner's Date of Birth;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, KET, 3M | Child, TAY, Adult, Older Adult | Text | mm/dd/yyyy | 10 |

Comments

Valid Codes

leading zeros

## EDUCATION VARIABLES

### 6.03    EmotionalDisturbance

EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 6.04    AnotherReason

EDUCATION: Is the partner CURRENTLY receiving special education due to another reason?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

### 6.06    AttendanceCurr

EDUCATION: Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Always attends school (never truant) | 2 = Attends school most of the time |
| 3 = Sometimes attends school | 4 = Infrequently attends school |
| 5 = Never attends school | |

### 6.07    GradesCurr

EDUCATION: CURRENTLY, his/her grades are:

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Valid Codes

| | |
|---|---|
| 1 = Very Good | 2 = Good |
| 3 = Average | 4 = Below Average |
| 5 = Poor | |

## FINANCIAL VARIABLES
### 8.02    Caregivers_Curr

SOURCES OF FINANCIAL SUPPORT: Caregiver's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes  (marked)

### 8.04    Wages_Curr

SOURCES OF FINANCIAL SUPPORT: Partner's Wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicate if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

### 8.06    Spouse_Curr

SOURCES OF FINANCIAL SUPPORT: Partner's Spouse / Significant Other's wages;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

### 8.08    Savings_Curr

SOURCES OF FINANCIAL SUPPORT: Savings;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

**FINANCIAL VARIABLES**
## 8.10    ChildSupport_Curr

SOURCES OF FINANCIAL SUPPORT: Child Support;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.12    OtherFamily_Curr

SOURCES OF FINANCIAL SUPPORT: Other family member / friends;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.14    Retirement_Curr

SOURCES OF FINANCIAL SUPPORT: Retirement / Social Security Income;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.16    Veterans_Curr

SOURCES OF FINANCIAL SUPPORT: Veterans Assistance Benefits;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.18    Loan_Curr

SOURCES OF FINANCIAL SUPPORT: Loans / Credit;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.20    Housing_Curr

SOURCES OF FINANCIAL SUPPORT: Housing Subsidy;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.22    General_Curr

SOURCES OF FINANCIAL SUPPORT: General Relief / General Assistance;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.24    FoodStamps_Curr

SOURCES OF FINANCIAL SUPPORT: Food Stamps;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.26 TANF_Curr

SOURCES OF FINANCIAL SUPPORT: Temporary Assistance for needy families (TANF);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.28 SSI_Curr

SOURCES OF FINANCIAL SUPPORT: Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

## 8.30 SSDI_Curr

SOURCES OF FINANCIAL SUPPORT: Social Security Disability Insurance (SSDI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Indicates if the partner CURRENTLY receives this type of financial support;
Valid Codes
1 = Yes (marked)

**FINANCIAL VARIABLES**

## 8.32    SDI_Curr

SOURCES OF FINANCIAL SUPPORT: State Disability Insurance (SDI);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

## 8.34    TribalBenefits_Curr

SOURCES OF FINANCIAL SUPPORT: American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

## 8.36    OtherSupport_Curr

SOURCES OF FINANCIAL SUPPORT: Other;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates if the partner CURRENTLY receives this type of financial support;

Valid Codes

1 = Yes (marked)

## 8.38    NoSupport_Curr

SOURCES OF FINANCIAL SUPPORT: No financial support;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments

Indicates the partner CURRENTLY receives no financial support;

Valid Codes

1 = Yes (marked)

## LEGAL ISSUES / DESIGNATIONS VARIABLES

### 9.30    Dependent

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicates the number of children the partner has who are CURRENTLY placed on W&I Code 300 status (dependent of the court);

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

### 9.31    Foster

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicates the number of children the partner has who are CURRENTLY placed in foster care;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

### 9.32    Reunified

LEGAL ISSUES / DESIGNATIONS: Custody Information: Indicates the number of children the partner has who are CURRENTLY legally reunified with the partner;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

### 9.33    Adopted

LEGAL ISSUES / DESIGNATIONS: Custody Information - Indicate the number of children the partner has who are CURRENTLY adopted out;

| On Form | Age Group | Data Type | Format | Length |
|---|---|---|---|---|
| PAF, 3M | Child, TAY, Adult, Older Adult | Number | XX | 2 |

Comments
Valid Codes
0-99

## HEALTH STATUS VARIABLES
## 11.01  PhysicianCurr

HEALTH STATUS: Does the partner have a primary care physician CURRENTLY?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes

| | | |
|---|---|---|
| 0 = No | 1 = Yes | |

## SUBSTANCE ABUSE VARIABLES
## 12.02   ActiveProblem

SUBSTANCE ABUSE: In the opinion of the partnership service coordinator, does the partner CURRENTLY have a co-occurring mental illness and substance abuse problem?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                                    1 = Yes

## 12.03   AbuseServices

SUBSTANCE ABUSE: Is the partner CURRENTLY receiving substance abuse services?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | X | 1 |

Comments
Valid Codes
0 = No                                                    1 = Yes

## ADL VARIABLES

### 13.01  Bathing

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Bathing - either sponge bath, tub bath or shower;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Receives no assistance
2 = Receives assistance in bathing only one part of the body
3 = Receives assistance in bathing more than one part of the body (or not bathed)

### 13.02  Dressing

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn);

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Gets clothes and gets completely dressed without assistance
2 = Gets clothes and gets dressed without assistance, except for assistance in tying shoes
3 = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

### 13.03  Toileting

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Toileting;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Goes to 'toilet room,' cleans self, and arranges clothes without assistance
2 = Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
3 = Doesn't go to room termed 'toilet' for the elimination process

## ADL VARIABLES

## 13.04  Transfer

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Transfer;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Moves in and out of bed as well as in and out of chair without assistance
2 = Moves in and out of bed or chair with assistance
3 = Doesn't get out of bed

## 13.05  Continence

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Continence;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Controls urination and bowel movement completely by self
2 = Has occasional 'accidents'
3 = Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

## 13.06  Feeding

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Feeding;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Feeds self without assistance
2 = Feeds self except for getting assistance in cutting meat or buttering bread
3 = Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

## ADL VARIABLES

## 13.07   Walking

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): Walking;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Walks on level without assistance
2 = Walks without assistance but uses single, straight cane
3 = Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
4 = Walks with assistance
5 = Uses wheelchair only
6 = Not walking or using wheelchair

## 13.08   HouseConfinement

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL): House-Confinement;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

1 = Has been outside of residence on 3 or more days during the past 2 weeks
2 = Has been outside of residence on only 1 or 2 days during the past 2 weeks
3 = Has not been outside of residence in past 2 weeks

**IADL VARIABLES**

## 14.01 Telephone

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner use the telephone?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| 1 = Without Help | 2 = With Some Help |
|---|---|
| 3 = Completely Unable to Do | |

## 14.02 WalkingDistance

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner get to places out of walking distance?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| 1 = Without Help | 2 = With Some Help |
|---|---|
| 3 = Completely Unable to Do | |

## 14.03 Groceries

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner go shopping for groceries?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| 1 = Without Help | 2 = With Some Help |
|---|---|
| 3 = Completely Unable to Do | |

## 14.04 Meals

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner prepare his/her own meals?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| 1 = Without Help | 2 = With Some Help |
|---|---|
| 3 = Completely Unable to Do | |

## IADL VARIABLES

### 14.05  Housework

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own housework?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.06  Handyman

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own handyman work?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

### 14.07  Laundry

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner do his/her own laundry?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments

For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

## IADL VARIABLES
## 14.08  Medication

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): If the partner takes medication (or if the partner had to take medication) could she/he take it on his/her own?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments
For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

## 14.09  Money

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Can the partner manage his/her own money?

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Older Adult | Text | X | 1 |

Comments
For this area of functioning, select the description that best applies;

Valid Codes

| | |
|---|---|
| 1 = Without Help | 2 = With Some Help |
| 3 = Completely Unable to Do | |

## COUNTY USE VARIABLES

### 15.07   QtrlyCntyUse1

COUNTY USE QUESTIONS: Quarterly County Use Field # 1;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Valid Codes

n/a

### 15.08   QtrlyCntyUse2

COUNTY USE QUESTIONS: Quarterly County Use Field # 2;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Valid Codes

n/a

### 15.09   QtrlyCntyUse3

COUNTY USE QUESTIONS: Quarterly County Use Field # 3;

| On Form | Age Group | Data Type | Format | Length |
|---------|-----------|-----------|--------|--------|
| PAF, 3M | Child, TAY, Adult, Older Adult | Text | XXXXXXXXXXXXXXX | 15 |

Comments

Valid Codes

n/a